Feedback for Quality Improvement:
NorthSTAR

Snapshots to assist organizational and clinical process development

October 2005

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Executive Summary

Survey of Organizational Functioning (SOF)

- The widest ranges of responses to the SOF were seen on the following three scales:
  - *Stress Is High*
  - *Offices Are Adequate*
  - *Communication Is Good*

- The SOF scale *Staff Are Effective* reflected the highest level of agreement among all staff responses, indicating widespread consensus that staff are effective.

- Of staff responding to the SOF, 58% report more than 5 years experience in drug abuse counseling and 41% report having between 1 and 10 clients on their caseloads.

Client Evaluation of Self and Treatment (CEST)

- The widest ranges of responses to the CEST were seen on the following three scales:
  - *Needs More Treatment*
  - *Desires Help*
  - *Ready For Treatment*

- The CEST scale *Conforms Socially* reflected the highest level of agreement among all client responses, indicating clients responded most similarly to each other on this scale.

- Residential clients had more desire for help and reported more continuing need for treatment than outpatient clients.

- Adult clients reported much higher motivation for treatment than adolescent clients.

- More residential clients reported receiving some form of ancillary services than outpatient clients.

Program Training Needs (PTN)

- Top areas of reported training needs were:
  - *Increasing client participation in treatment*
  - *Improving cognitive focus of clients during group counseling*
  - *Improving client problem-solving skills*
  - *Improving behavioral management of clients*

- Top reported preferences for training content were :
  - *Pharmacotherapy*
  - *Neurobiology of addiction*
  - *Family engagement*
  - *Dual diagnoses*

- Top reported training strategies preferred were:
  - *Exchanging ideas with other programs*
  - *On-site consultation following training*
  - *Training workshops based on evidence-based interventions*
  - *Training workshops that include role playing and group activities*

Recommendations and Future Directions

- Continued data collection is recommended for the SOF, CEST, and PTN surveys. Higher response rates may be anticipated since the data collection process will be familiar and benefits in the form of feedback will be clearly understood.

- Future analyses should chart unit changes over time. Gains and losses could be assessed and would guide quality improvement processes.

- Future analyses should integrate process data with outcome data by unit.

- Development of a feedback report using PowerPoint is recommended as an optional format for providers to receive their results. This will permit providers to access details of interest without over burdening them with paperwork.

Introduction

The Texas Department of State Health Services (DSHS) and the Addiction Research Institute (ARI) of the University of Texas at Austin have been engaged in an initiative to promote quality improvement in the NorthSTAR Network. The key quality improvement strategy has been to obtain data and provide organizational feedback regarding treatment processes and organizational functioning. During the course of the 2004/2005 state fiscal year, ARI developed a data collection and feedback system in collaboration with network providers as well as DSHS and NorthSTAR staff. This report discusses the development and implementation of the system and provides summary results for the initial year.

Summary of Project Activities

This section will summarize the activities that were conducted in order to facilitate the Feedback

for Quality Improvement Project (see Appendix A for a technical account of specific project

steps and procedures).

Meetings/Introductions

DANSA: The project was officially introduced to the Dallas Area NorthSTAR Authority (DANSA) board and the NorthSTAR Provider Advisory Counsel on January 28th, 2005. An overview of the project as well as data collection instruments were provided. Project staff also used this opportunity to recruit volunteers for a project advisory Workgroup that would serve to inform the data collection methodology.

ValueOptions: Project staff attended a ValueOptions chemical dependency provider meeting on June 16th to introduce the project to providers. Copies of the surveys to be used for data collection (Survey of Organizational Functioning, Program Training Needs, and Client Evaluation of Self and Treatment) and a schedule of data collection activities were provided to all in attendance.

Project staff attended a second ValueOptions chemical dependency provider meeting on September 15th to review the progress and trajectory of the Feedback for Quality Improvement (FQI) project.

Project staff will attend the next ValueOptions chemical dependency provider meeting in October to provide project closure.

Directors of Pilot Agencies: Project staff met with the directors of the pilot sites, Homeward Bound and LifeNet Community Behavioral Health on May 31st. During the course of the two respective visits, the output reports from the data collection were reviewed and processed. Directors provided feedback on the data collection process and made recommendations (see Appendix A to review provider input).

Teleconferences

FQI Workgroup: The first teleconference with the FQI advisory workgroup was conducted on February 10th. The following issues were resolved or addressed during the meeting: overview of the project, selection of pilot sites, procedures for data collection, and client reading levels (see Appendix B for a summary of the teleconference).

The second teleconference with the FQI advisory workgroup was conducted on February 24th. The following issues were addressed during the meeting: progress of the pilot Survey of Organizational Functioning (SOF) administration, procedures for the pilot administration of the Client Evaluation of Self and Treatment (CEST), client and staff cognitive interviews and client focus groups (see Appendix C for a summary of the teleconference).

The final teleconference with the FQI advisory workgroup was conducted on June 13th. The following issues were addressed during the meeting: group administration of the CEST, administration of the CEST to low-literacy, Spanish-speaking and adolescent clients, and schedule of CEST data collection activities (see Appendix D for a summary of the teleconference).

Pilot Phase

The pilot phase of the project was invaluable in testing and refining the data collection process that was used for the full-scale rollout. The two pilot sites, Homeward Bound and LifeNet Community Behavioral Healthcare, represented two very diverse treatment delivery agencies. Homeward Bound is a large, multi-modal chemical dependency agency, while LifeNet provides outpatient treatment and services to persons with various chemical dependency and mental health diagnoses. The directors and staff of the programs provided the project with feedback about the data collection process that helped refine the process prior to the full-scale project rollout. Additionally the directors proposed changes and alterations to the implementation procedures and the type of data output project staff would provide to agencies. As a result of the pilot phase, the full-scale rollout proceeded smoothly and expediently.

Full-Scale Rollout

Data collection for all chemical dependency service providers within the NorthSTAR network began on June 27th with online administration of the SOF. The data collection effort ended on September 21st with online administration of the Program Training Needs (PTN) survey.

The twenty-eight participating NorthSTAR agencies were involved in two online survey administrations—the SOF; and PTN; (see Appendices E and F, respectively). Additionally the agencies were responsible for administering the paper-and-pencil CEST to their NorthSTAR clients (see Appendix G). Their cooperation was essential to the data collection process so communication via telephone and email was frequent. The communication efforts were key to the success of the initiative.

Results Dissemination

Project staff analyzed the data collected and generated output for each agency. These results were disseminated via email (see Appendices H and I for sample email). SOF results were distributed on August 8th, CEST results were distributed on September 26th, and PTN results will be distributed the third week of October. Additionally, hard copies of all of these results will be mailed to each agency the third week of October.

Management Reports

A concept paper outlining the procedures for the pilot phase of the project was submitted

on February 1st. Management reports were submitted to the Department of State Health

Services on March 31st, July 12th, and October 13th.

Accomplishments

During the past nine months, the FQI project has established and implemented a system within

the NorthSTAR network to enhance quality improvement. This effort has resulted in the

following accomplishments:

- The project established regular communications with ValueOptions, DANSA, and participating providers to facilitate stakeholder buy-in.

- Project staff consulted with treatment providers regarding project design and implementation to accommodate site-specific concerns.

- The contractor has devised an online, streamlined survey administration system for collecting staff responses, which resulted in a SOF participation rate of 80%.

- A confidential survey administration system has been devised for the CEST.

- Both a short and a full-length version of the client survey have been developed, so that in future administrations agencies may choose the instrument that is most relevant for their sites.

- Data collection strategies have been developed that are minimally disruptive to clinical services.

- The content and format of feedback have been designed to meet provider needs and preferences.

In short, this project established a comprehensive framework that will facilitate future phases of

feedback for quality improvement.

Results

Twenty chemical dependency/dual diagnoses agencies (29 sites) serving NorthSTAR clients participated in the Feedback for Quality Improvement project. Eighteen of the sites served adult clients, 3 served adolescent clients, and the remaining 8 sites served both adult and adolescent clients. Five sites provided inpatient services, 20 sites provided outpatient services, 1 site provided ambulatory detoxification services, and 3 sites provided methadone maintenance. Response rates for each site are summarized below:

Sites	SOF Staff	CEST Clients	PTN Staff
Addicare Group of Texas	4	16	1
Avenues Counseling Center	8	12	6
Counseling Center of Ellis County	7	98	0
First Step Counseling, Sunset Ave.	9	2	5
First Step Counseling, Midway Rd.	2	5	2
First Step Counseling, Park Blvd.	2	7	1
Gateway Foundation, Help Is Possible	8	11	7
Green Villa, IH 30 East	5	10	0
Green Villa, Wesley St.	1	9	1
Holmes Street Foundation, Holmes St.	0	11	0
Holmes Street Foundation, MLK Jr. Blvd.	0	40	0
Homeward Bound	26	68	24
La Sima Foundation, Inc	4	14	0
Lakes Regional MHMR Center, Greenville	1	18	18
Lakes Regional MHMR Center, Terrell	1	8	12
Life Management Resources	3	32	3
LifeNet Community Behavioral Healthcare	11	41	5
Nexus	19	87	12
Phoenix House	10	18	3
Recovery Healthcare Corporation, Dallas	3	37	0
Recovery Healthcare Corporation, Collin County	1	0	0
Remedy Addictions Counselors, Irving	0	9	0
Remedy Addictions Counselors, Dallas	0	24	0
Solace Counseling Associates	3	17	2
St. Joseph Adolescent & Family Services	5	25	1

Sites Continued…	SOF Staff	CEST Clients	PTN Staff
Turtle Creek Manor	8	40	4
West Texas Counseling & Rehabilitation Program of Dallas	8	18	0
West Texas Counseling & Rehabilitation Program of Irving	5	20	0
West Texas Counseling & Rehabilitation Program of Plano	2	6	0
Overall response rate for NorthSTAR staff and clients	80%	60%	59%

Survey of Organizational Functioning (SOF): Three different types of analyses have been produced for the SOF. One analysis will demonstrate an example of the output provided to each agency. Two subsequent types of analyses have been produced for aggregated NorthSTAR results.

Agency-Level SOF Results: Results of the SOF were delivered to each agency via email on August 8th (see Appendix H for sample email). The following is an example of all output for Agency X:

- **Graph:** The graph represents the averages for all respondents on the 4 domains and 18 scales of the SOF. It shows the averages for a given site and the aggregated averages for all of the participating chemical dependency sites in the NorthSTAR network. This is a graphical representation of the Averages Table which will be explained subsequently.

Survey of Organizational Functioning (SOF)

Mean Scores for Agency X VS. Overall NorthSTAR Average

Legend:
- Agency (red)
- NorthSTAR (cyan)

Categories (y-axis labels, top to bottom):
- Pgm Is Open To Changes
- Stress Is High
- Communication Is Good
- Staff Have Autonomy
- Staff Work Together Well
- Has Sense Of Mission
- Staff Are Adaptable
- Staff Have Influence
- Staff Are Effective
- Prof Growth Occurs
- Internet/Email Available
- Computers Are Adequate
- Training Is Adequate
- Staffing Is Adequate
- Offices Are Adequate
- Pressure For Change
- Staff Needs Training
- Pgm Needs Guidance

Group brackets: Org Climate, Staff Attrib, Resources, Motivation

Scale (x-axis):
- 5: Strongly Agree
- 4: Agree
- 3: Undecided
- 2: Disagree
- 1: Strongly Disagree
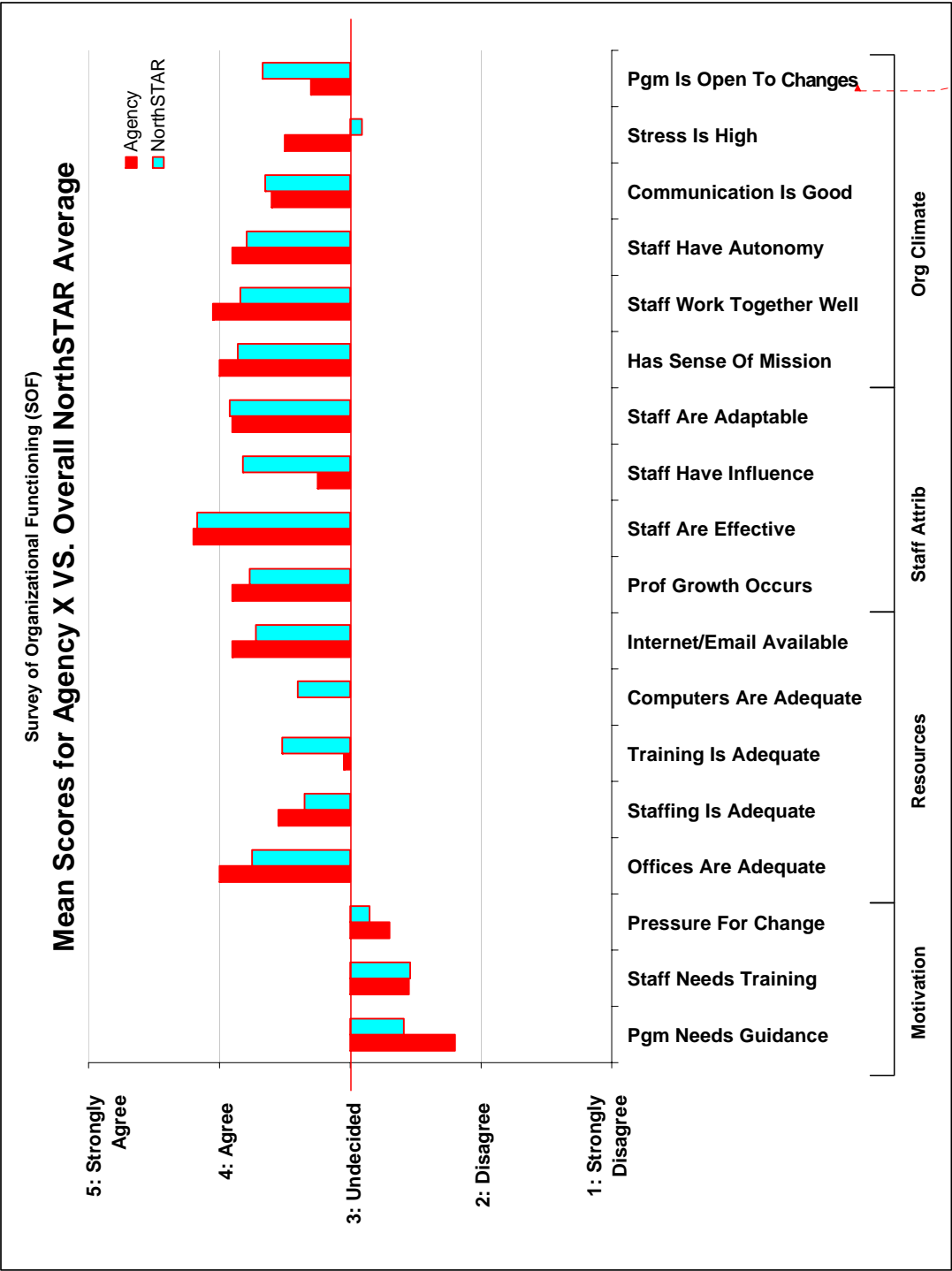
Formatted: Font: (Default) Arial, 10 pt, Bold, Condensed by 0.5 pt

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- **Averages Table:** This table represents the averages for all respondents on the 4 domains and 18 scales of the SOF. It shows the averages for a given site and the aggregated averages for all of the participating chemical dependency sites in the NorthSTAR network. This is a tabular representation of the graph that was previously explained.

Survey of Organizational Functioning (SOF)
Mean Scores for Agency X (n=#) VS. NorthSTAR Average

Section	Scale	Agency Average	NorthSTAR Average
Motivation for Change	Pgm Needs Guidance	2.20	2.59
	Staff Needs Training	2.55	2.54
	Pressure For Change	2.70	2.85
Resources	Offices Are Adequate	4.00	3.75
	Staffing Is Adequate	3.55	3.35
	Training Is Adequate	3.05	3.52
	Computers Are Adequate	3.00	3.40
	Internet/Email Available	3.90	3.72
Staff Attributes	Prof Growth Occurs	3.90	3.77
	Staff Are Effective	4.20	4.17
	Staff Have Influence	3.25	3.82
	Staff Are Adaptable	3.90	3.92
Climate	Has Sense Of Mission	4.00	3.86
	Staff Work Together Well	4.05	3.84
	Staff Have Autonomy	3.90	3.79
	Communication Is Good	3.60	3.65
	Stress Is High	3.50	2.91
	Pgm Is Open To Changes	3.30	3.67

- **Extremes Table:** This table presents the percentages of extreme scores (indicating potential areas of concern) on 3 domains and 15 scales of the SOF. It shows the percentages of extreme scores for a given site and the percentages aggregated for all of the participating NorthSTAR sites.

Survey of Organizational Functioning (SOF)
Percent Extreme Scores for Agency X (n=#) VS. NorthSTAR Percent

| Section	Scale	Agency Percent Extreme	NorthSTAR Percent Extreme
Resources	Offices Are Adequate	0	4
	Staffing Is Adequate	0	4
	Training Is Adequate	0	3
	Computers Are Adequate	0	2
	Internet/Email Available	0	4
Staff Attributes	Prof Growth Occurs	0	2
	Staff Are Effective	0	0
	Staff Have Influence	0	1
	Staff Are Adaptable	0	0
Climate	Has Sense Of Mission	0	1
	Staff Work Together Well	0	3
	Staff Have Autonomy	0	1
	Communication Is Good	0	4
	Stress Is High	50	16
	Pgm Is Open To Changes	0	0

NorthSTAR Aggregated Means for Responses on SOF Scales: Averages for each

agency for each of the 18 scales of the SOF have been graphically displayed. Due to the

range of sample sizes within each organization (from 2 – 26[1]) caution must be advised

when considering agencies relative to one another. Eighteen graphs represent the range

of averages for each participating NorthSTAR agency[2] on each scale of the SOF. As you

will see, the range of responses is quite variable for many scales.

The three scales with the highest degree of variability are "Stress Is High," "Offices Are

Adequate," and "Communication Is Good." As an example, for "Stress Is High" means

range from 1.72 (indicating that respondents at this agency tend to disagree that stress is

high) to 4.55 (indicating that respondents at this agency tend to strongly agree that stress

is high).

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[1] Analyses were not produced for agencies with fewer than 2 respondents due to concern for respondent confidentiality.
[2] Agencies have not been identified in order to enforce that this project is non-evaluative in nature and that results are intended for internal process improvement purposes only.
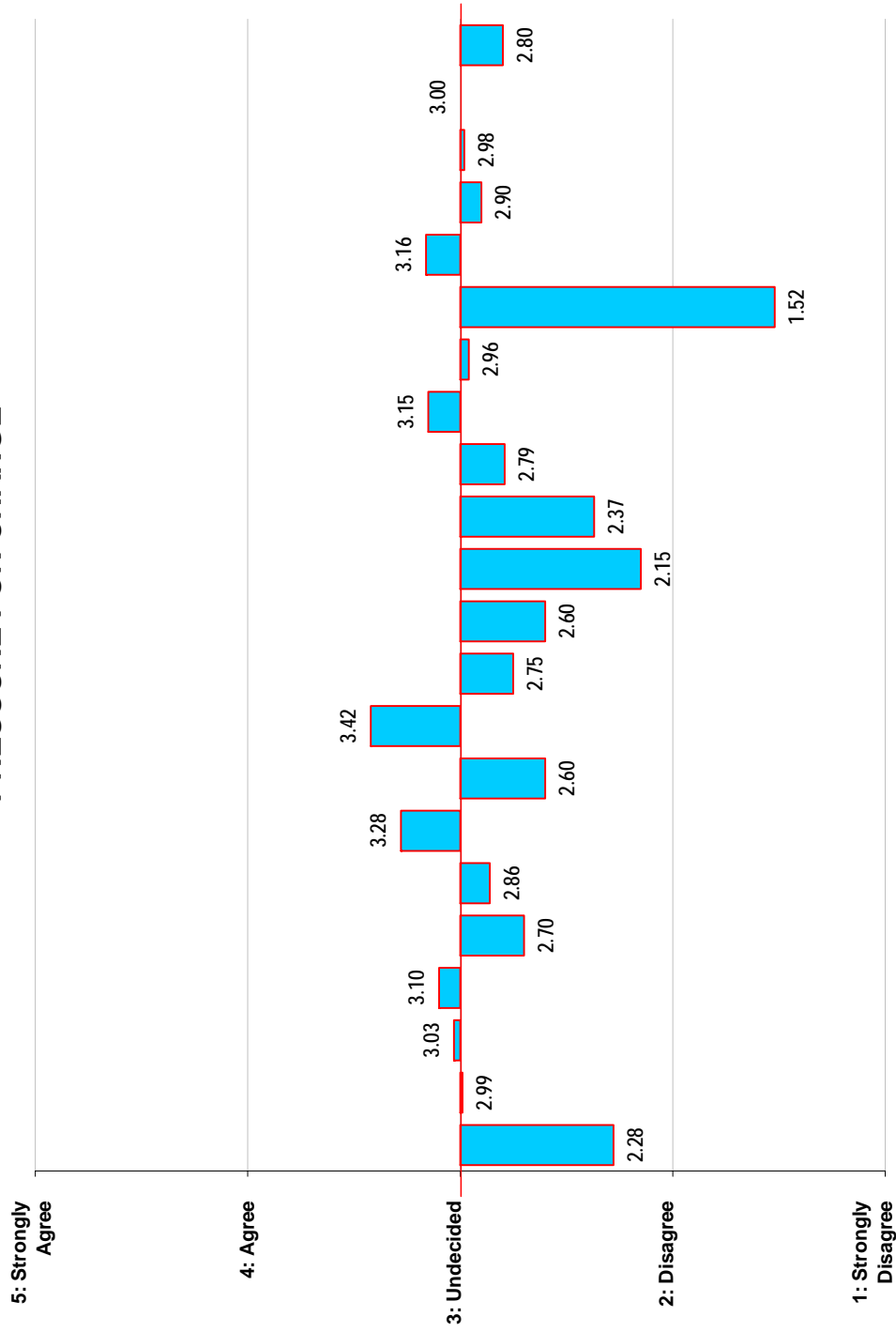
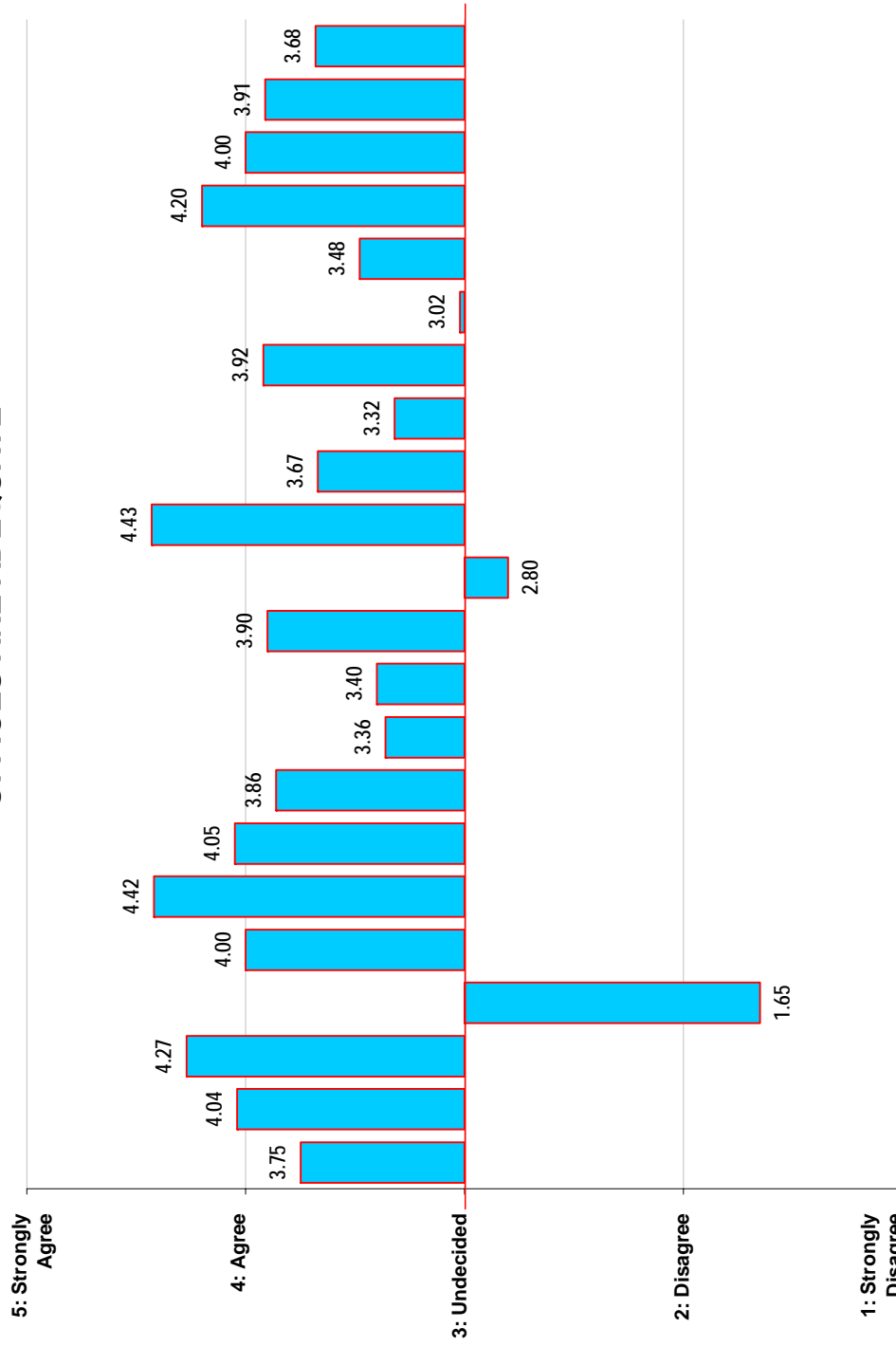Mean SOF Responses Across All NorthSTAR Agency Sites: PROGRAM NEEDS GUIDANCE
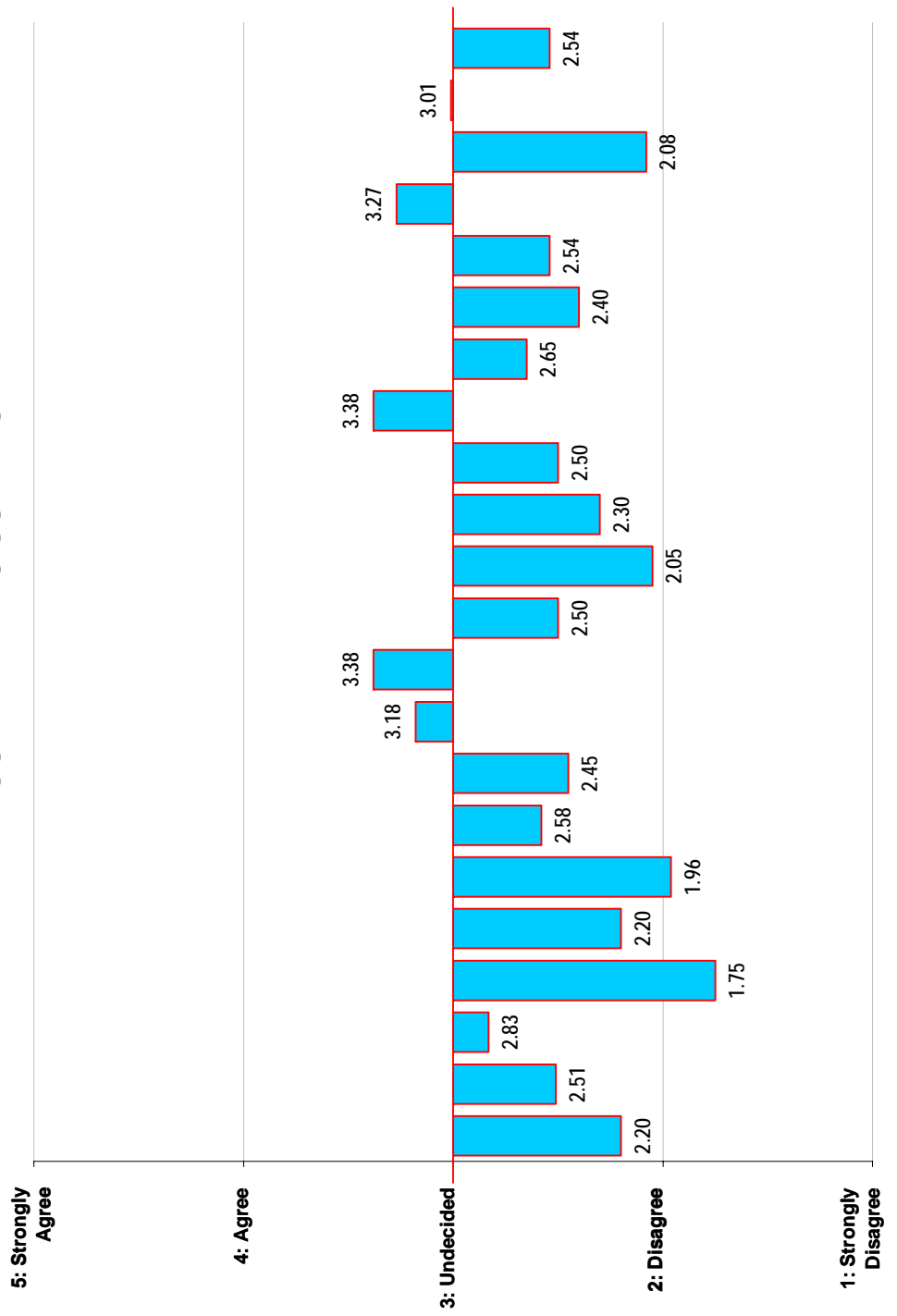
Mean SOF Responses Across All NorthSTAR Agency Sites: STAFF NEEDS TRAINING
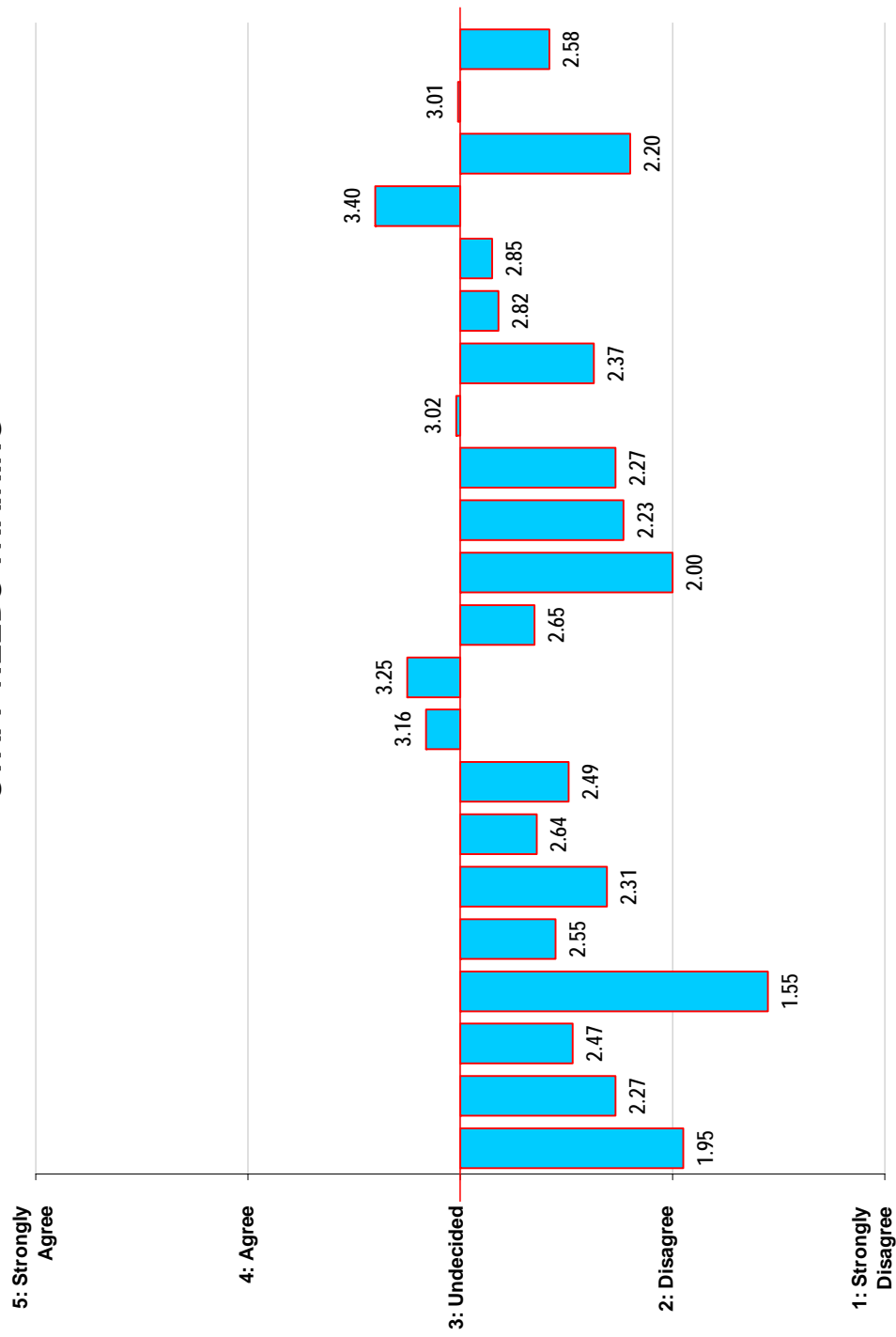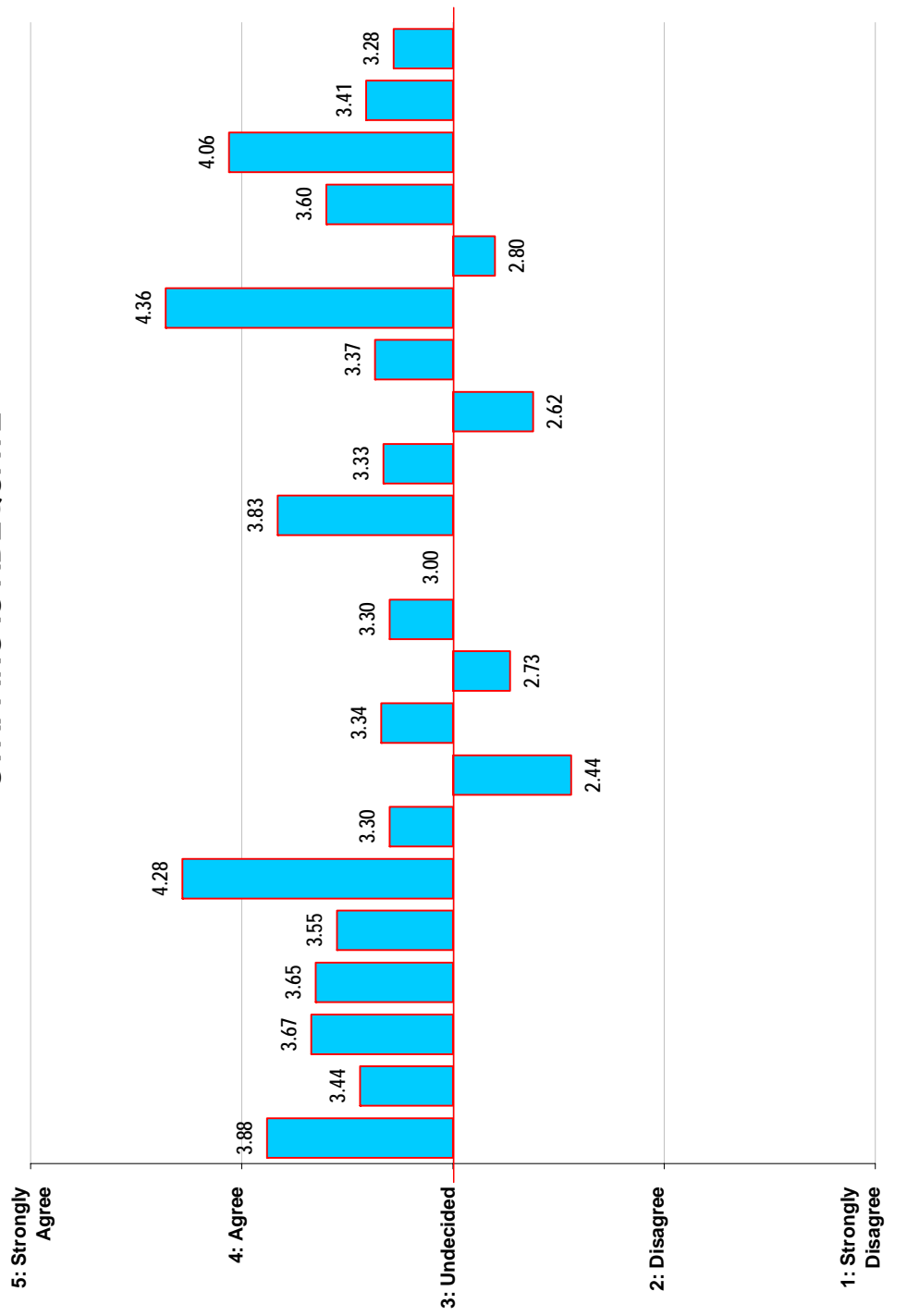
Mean SOF Responses Across All NorthSTAR Agency Sites:
PRESSURE FOR CHANGE

Mean SOF Responses Across All NorthSTAR Agency Sites: OFFICES ARE ADEQUATE

3.68
3.91
4.00
4.20
3.48
3.02
3.92
3.32
3.67
4.43
2.80
3.90
3.40
3.36
3.86
4.05
4.42
4.00
1.65
4.27
4.04
3.75

5: Strongly Agree
4: Agree
3: Undecided
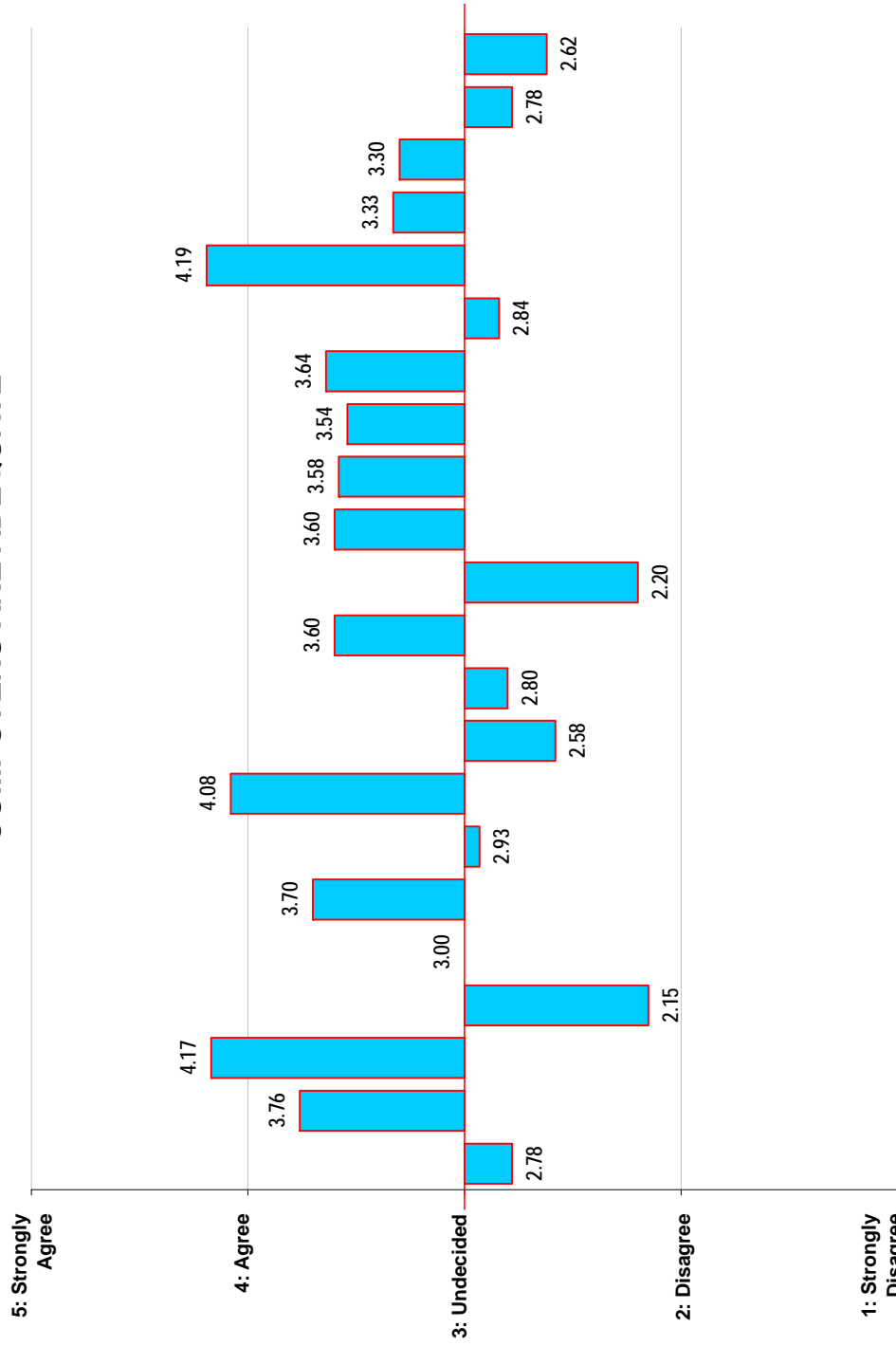2: Disagree
1: Strongly Disagree

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Mean SOF Responses Across All NorthSTAR Agency Sites:
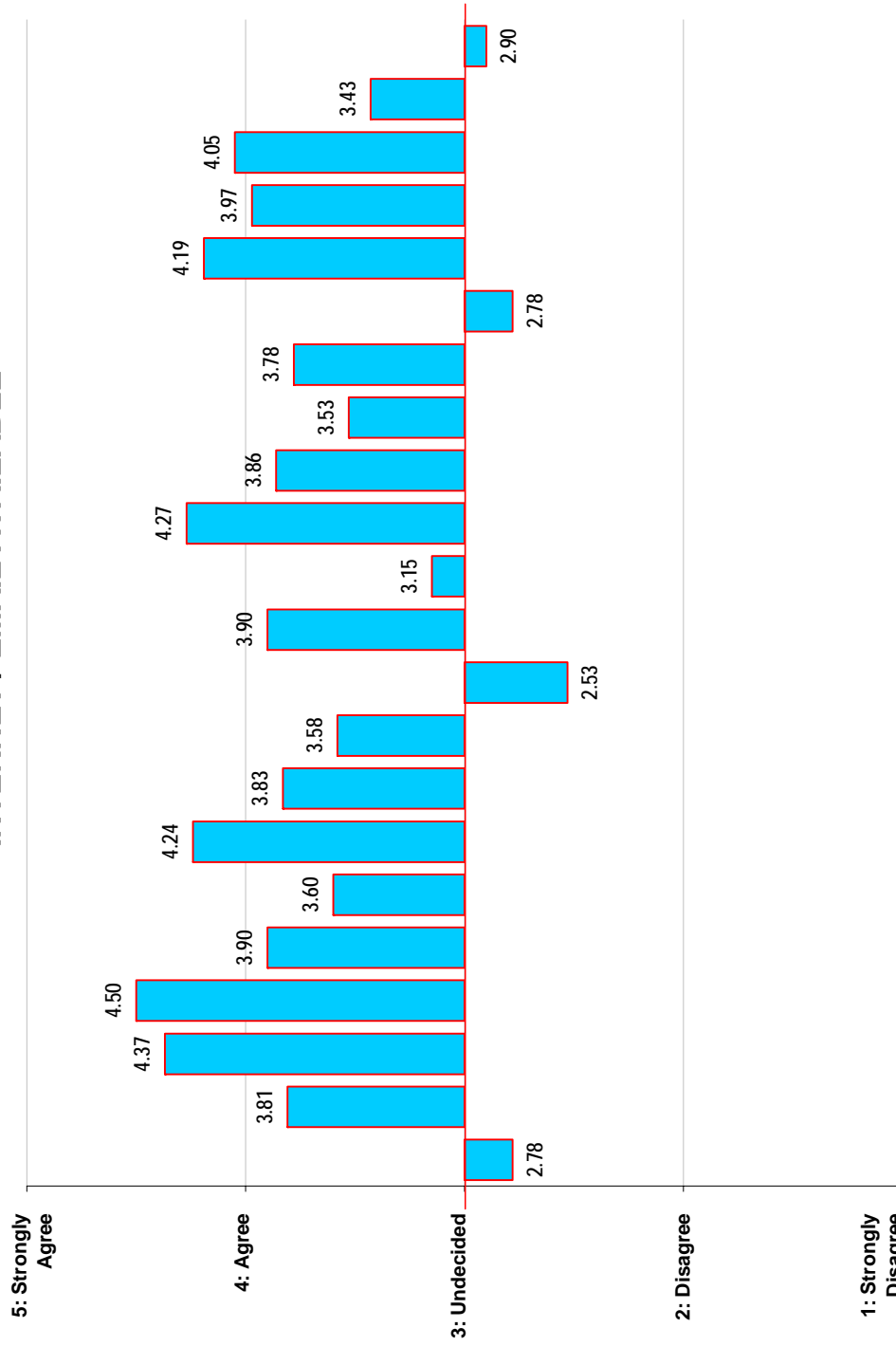STAFFING IS ADEQUATE

Mean SOF Responses Across All NorthSTAR Agency Sites:
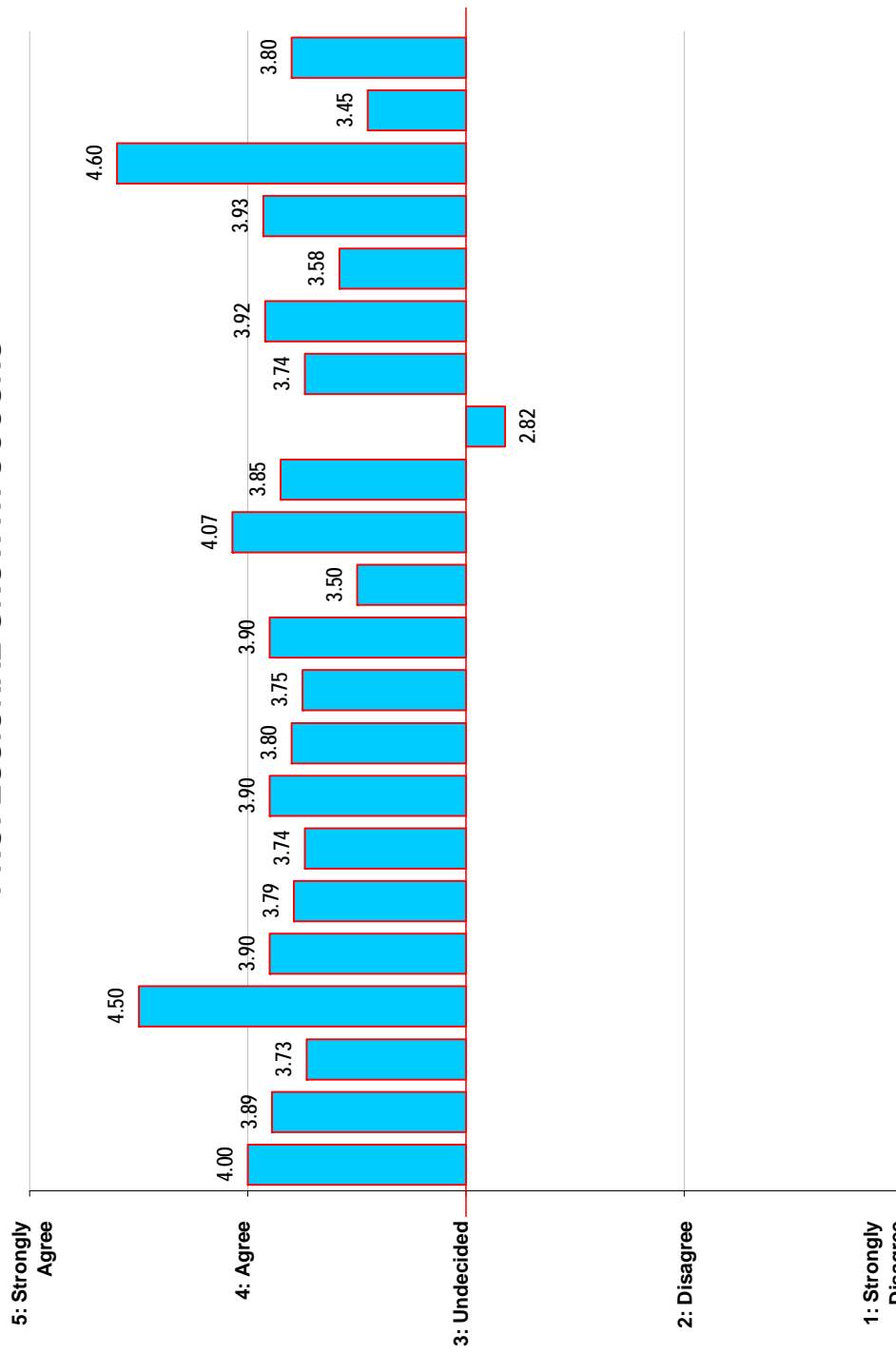TRAINING IS ADEQUATE
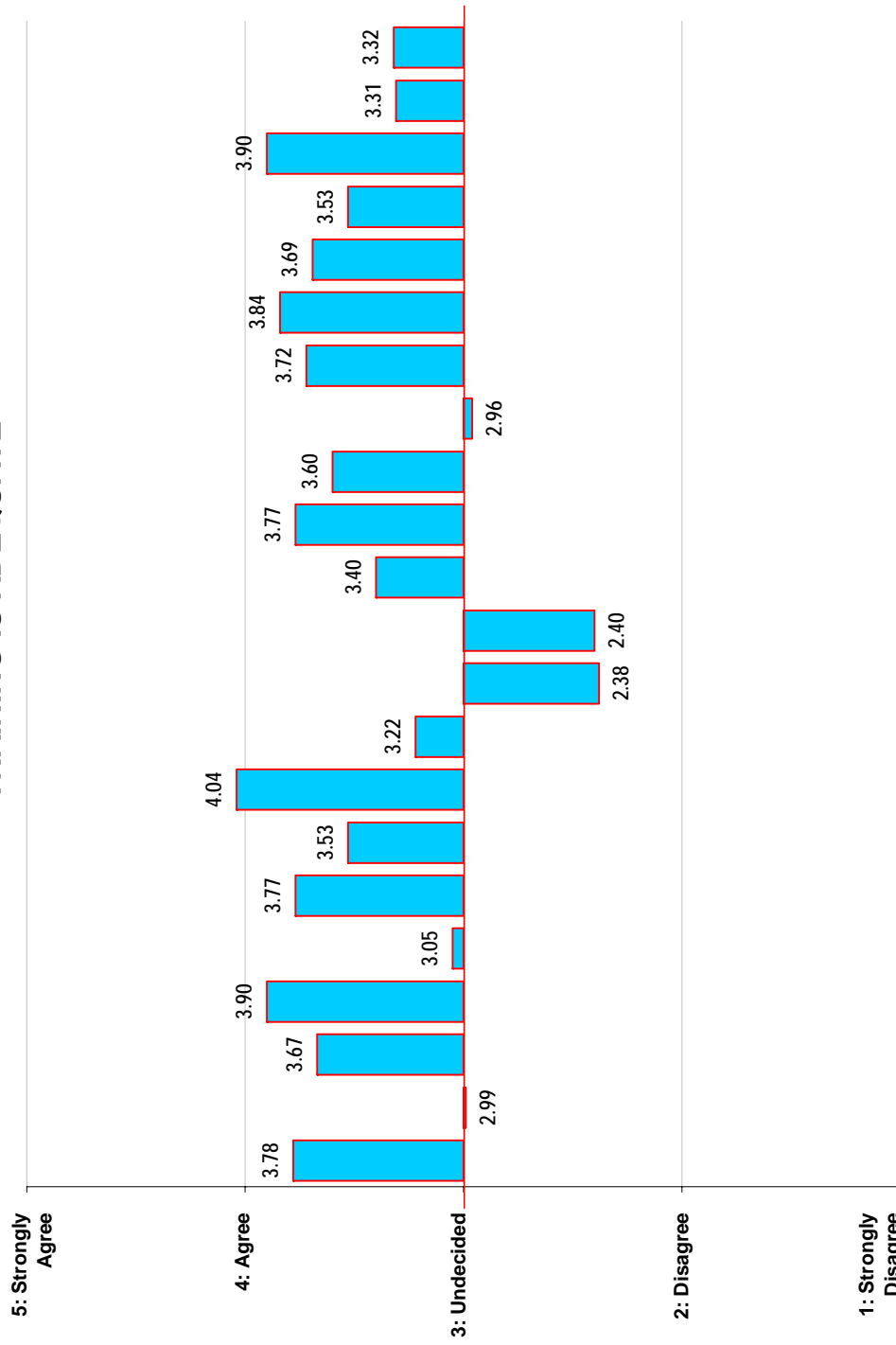
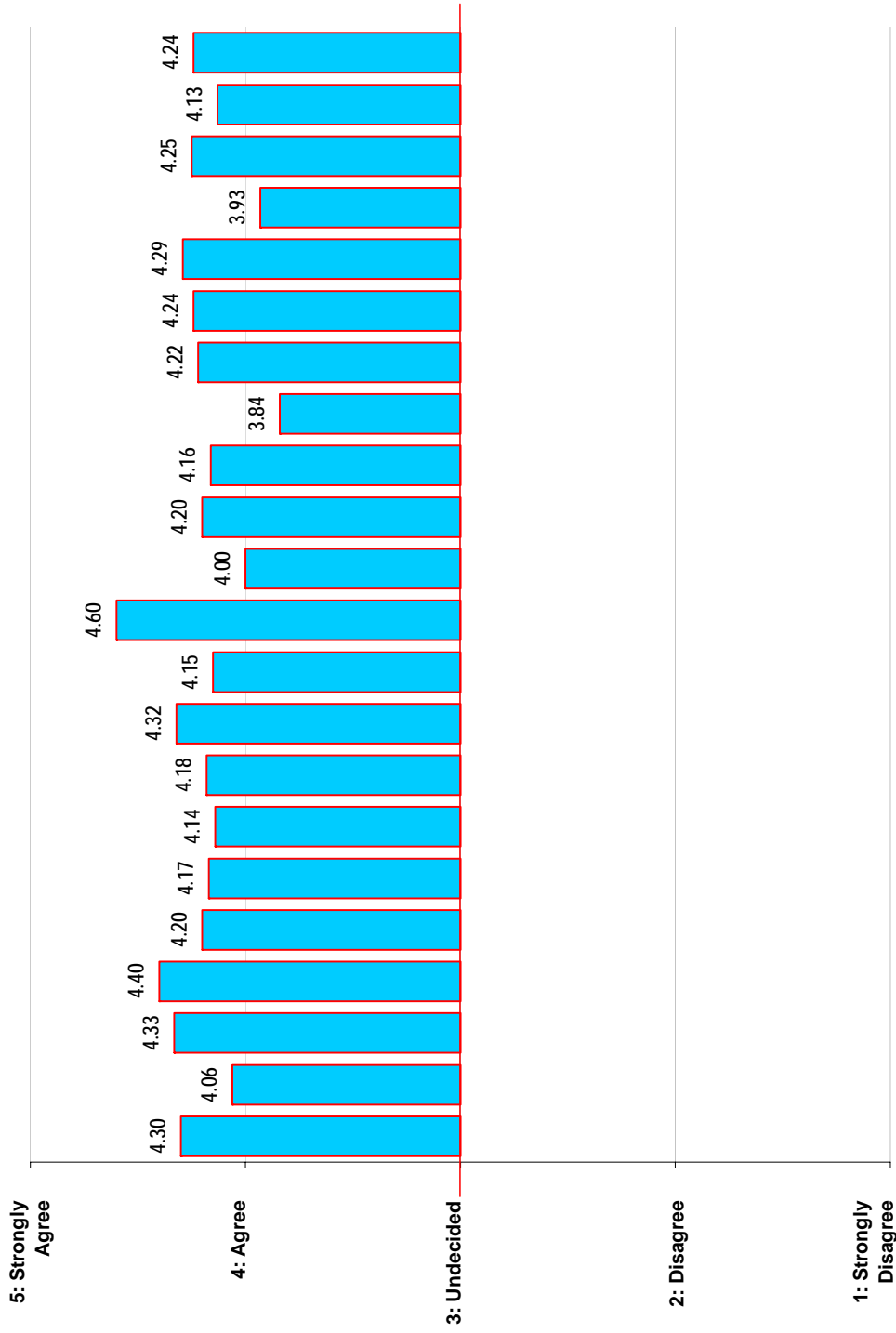Mean SOF Responses Across All NorthSTAR Agency Sites: COMPUTERS ARE ADEQUATE

Mean SOF Responses Across All NorthSTAR Agency Sites:
INTERNET / EMAIL AVAILABLE

Mean SOF Responses Across All NorthSTAR Agency Sites: PROFESSIONAL GROWTH OCCURS

Mean SOF Responses Across All NorthSTAR Agency Sites: STAFF ARE EFFECTIVE

A horizontal bar chart with response categories on the vertical axis:
- 5: Strongly Agree
- 4: Agree
- 3: Undecided
- 2: Disagree
- 1: Strongly Disagree

Bar values (left to right): 4.30, 4.06, 4.33, 4.40, 4.20, 4.17, 4.14, 4.18, 4.32, 4.15, 4.60, 4.00, 4.20, 4.16, 3.84, 4.22, 4.24, 4.29, 3.93, 4.25, 4.13, 4.24
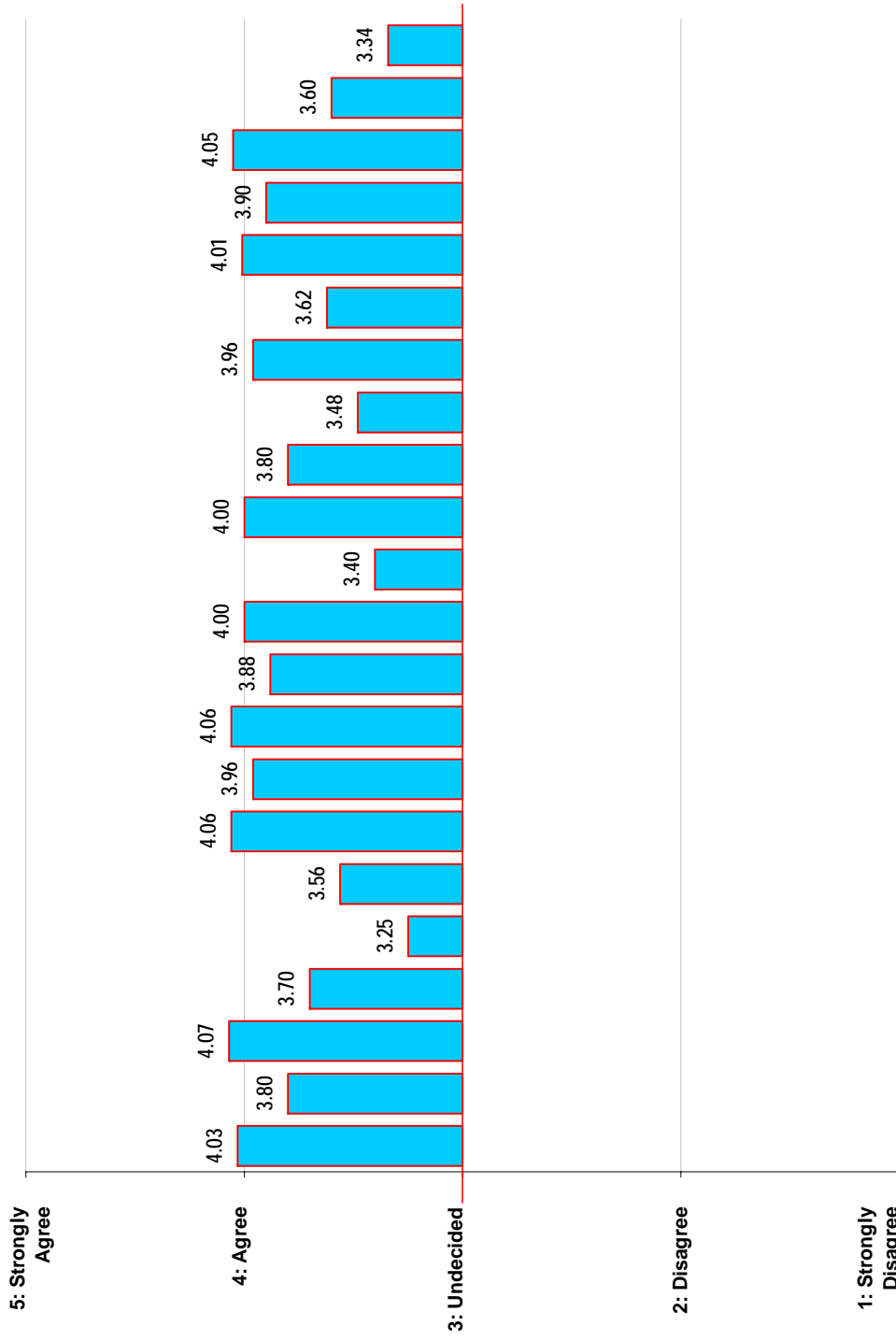
Mean SOF Responses Across All NorthSTAR Agency Sites:
STAFF HAVE INFLUENCE

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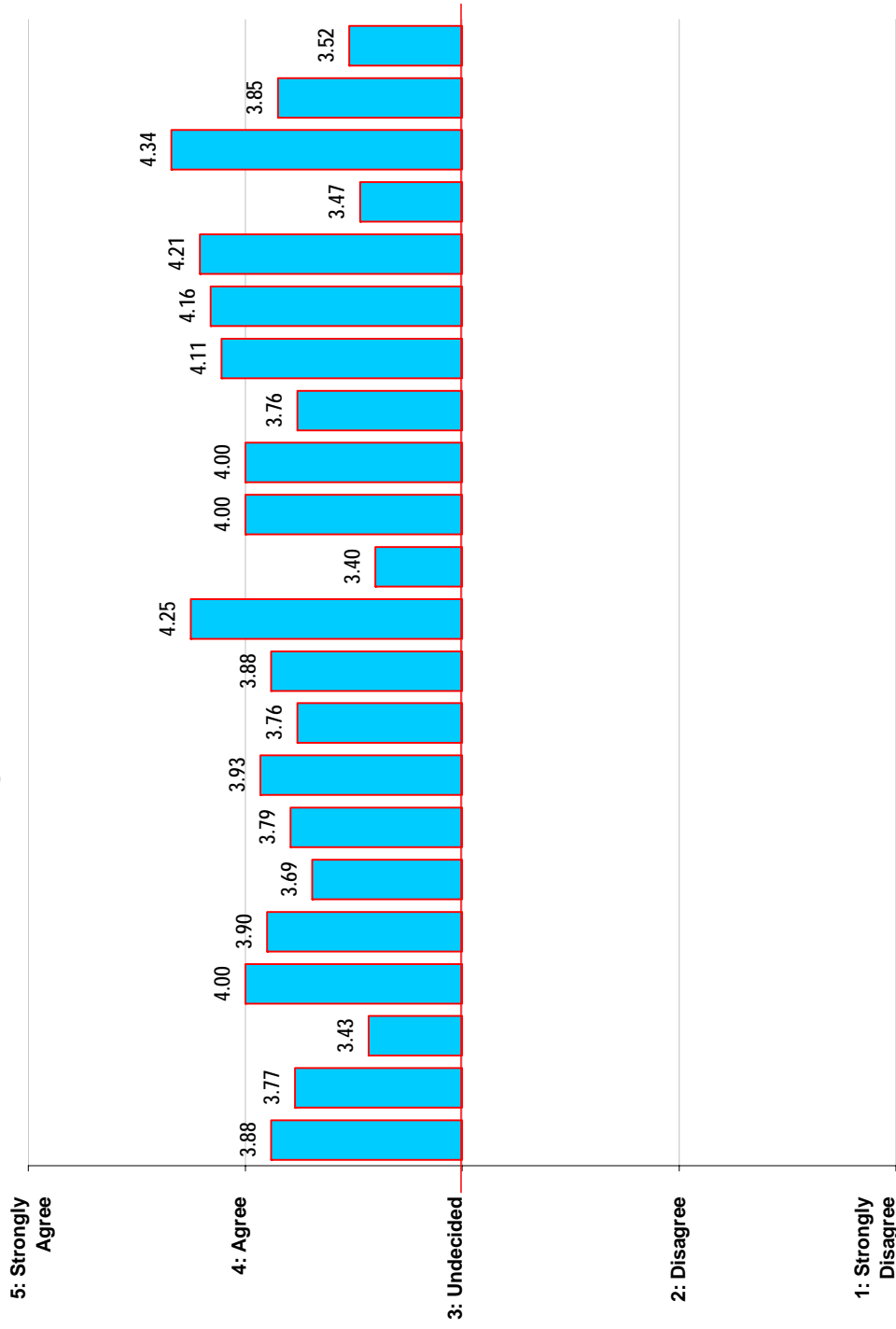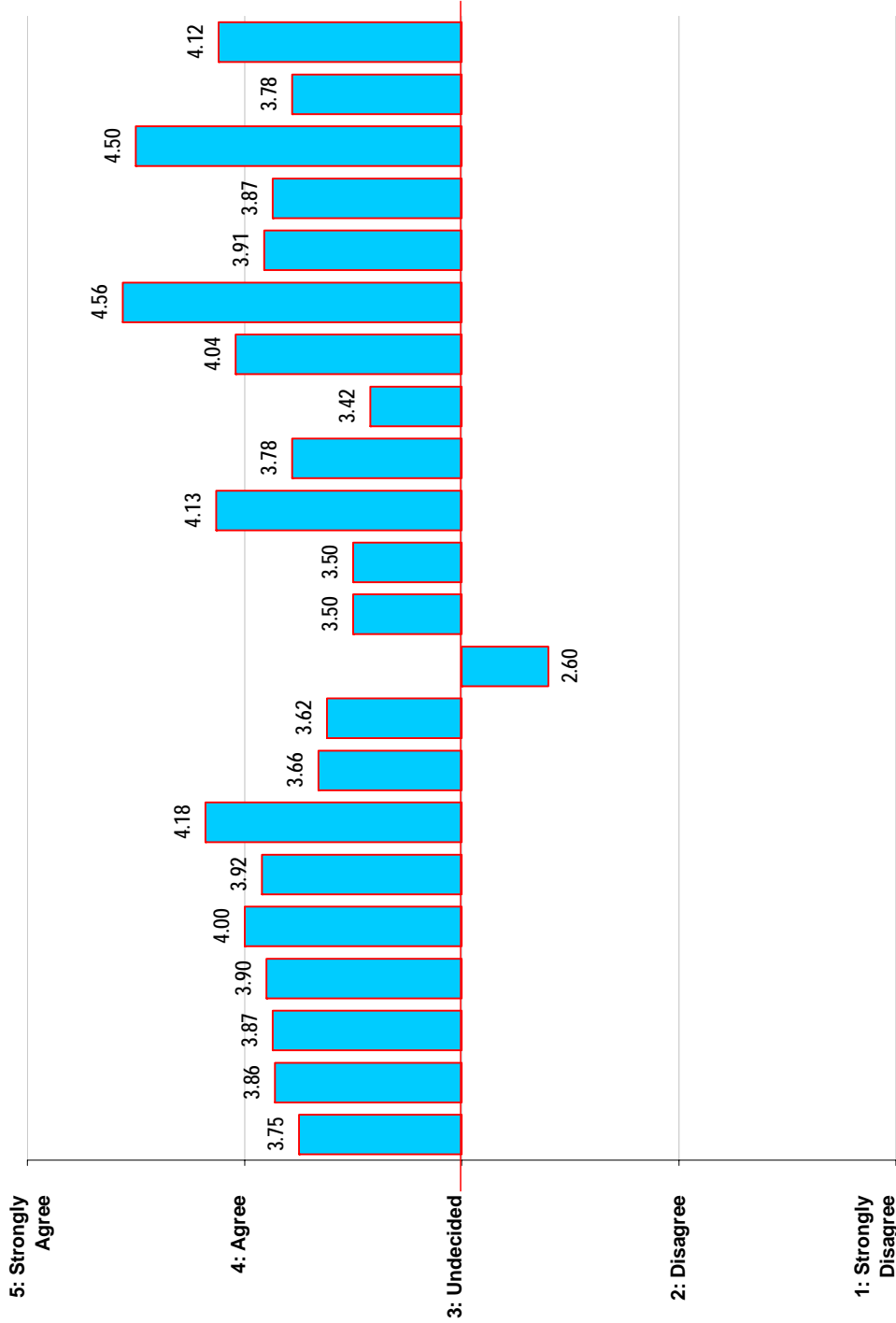Mean SOF Responses Across All NorthSTAR Agency Sites:
STAFF ARE ADAPTABLE

Mean SOF Responses Across All NorthSTAR Agency Sites: STAFF HAVE A SENSE OF MISSION

Mean SOF Responses Across All NorthSTAR Agency Sites: STAFF WORK TOGETHER WELL

Values (reading along the bars): 3.98, 3.79, 4.64, 3.50, 3.37, 4.80, 3.94, 3.45, 3.71, 4.23, 4.00, 3.85, 3.00, 4.04, 3.40, 4.03, 3.88, 4.05, 3.60, 4.13, 4.06, 3.88

Scale:
- 5: Strongly Agree
- 4: Agree
- 3: Undecided
- 2: Disagree
- 1: Strongly Disagree
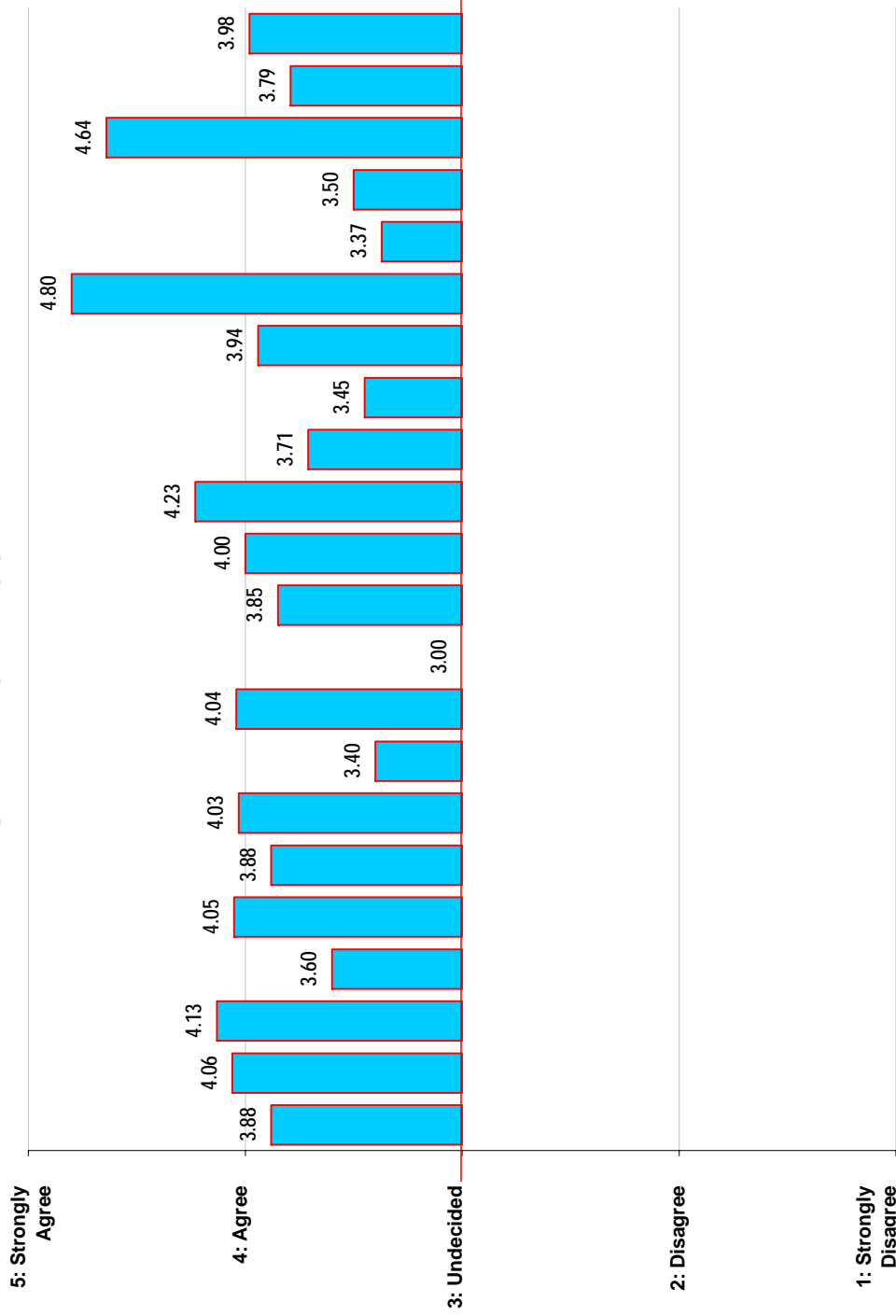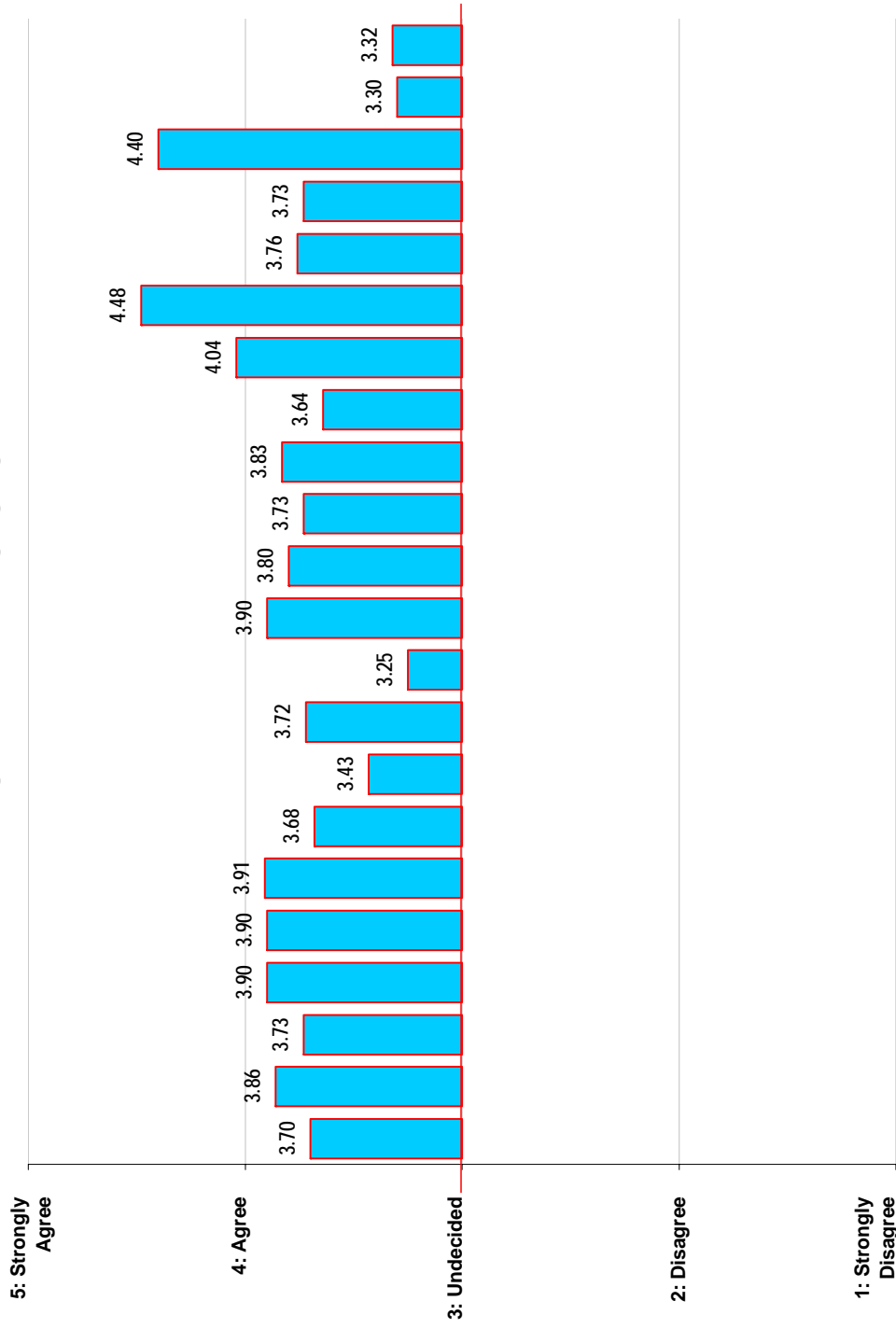
Mean SOF Responses Across All NorthSTAR Agency Sites:
STAFF HAVE AUTONOMY

Mean SOF Responses Across All NorthSTAR Agency Sites: COMMUNICATION IS GOOD
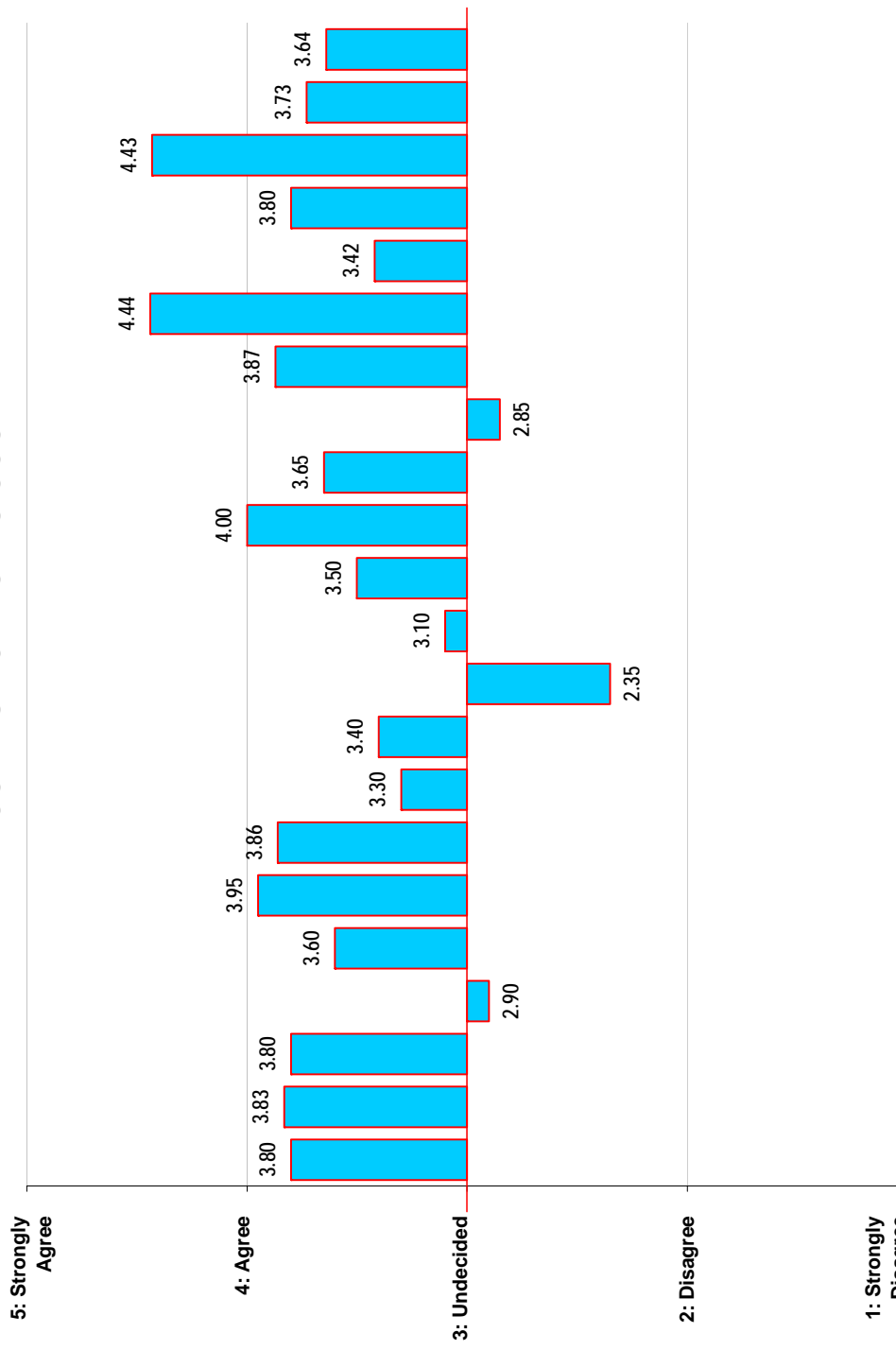
Mean SOF Responses Across All NorthSTAR Agency Sites: STRESS IS HIGH

- 5: Strongly Agree
- 4: Agree
- 3: Undecided
- 2: Disagree
- 1: Strongly Disagree

Values shown: 2.78, 2.71, 3.10, 4.55, 3.50, 2.44, 2.90, 3.30, 3.22, 3.40, 3.30, 4.15, 2.00, 2.72, 3.43, 3.00, 1.72, 3.44, 2.43, 2.09, 3.23, 2.60
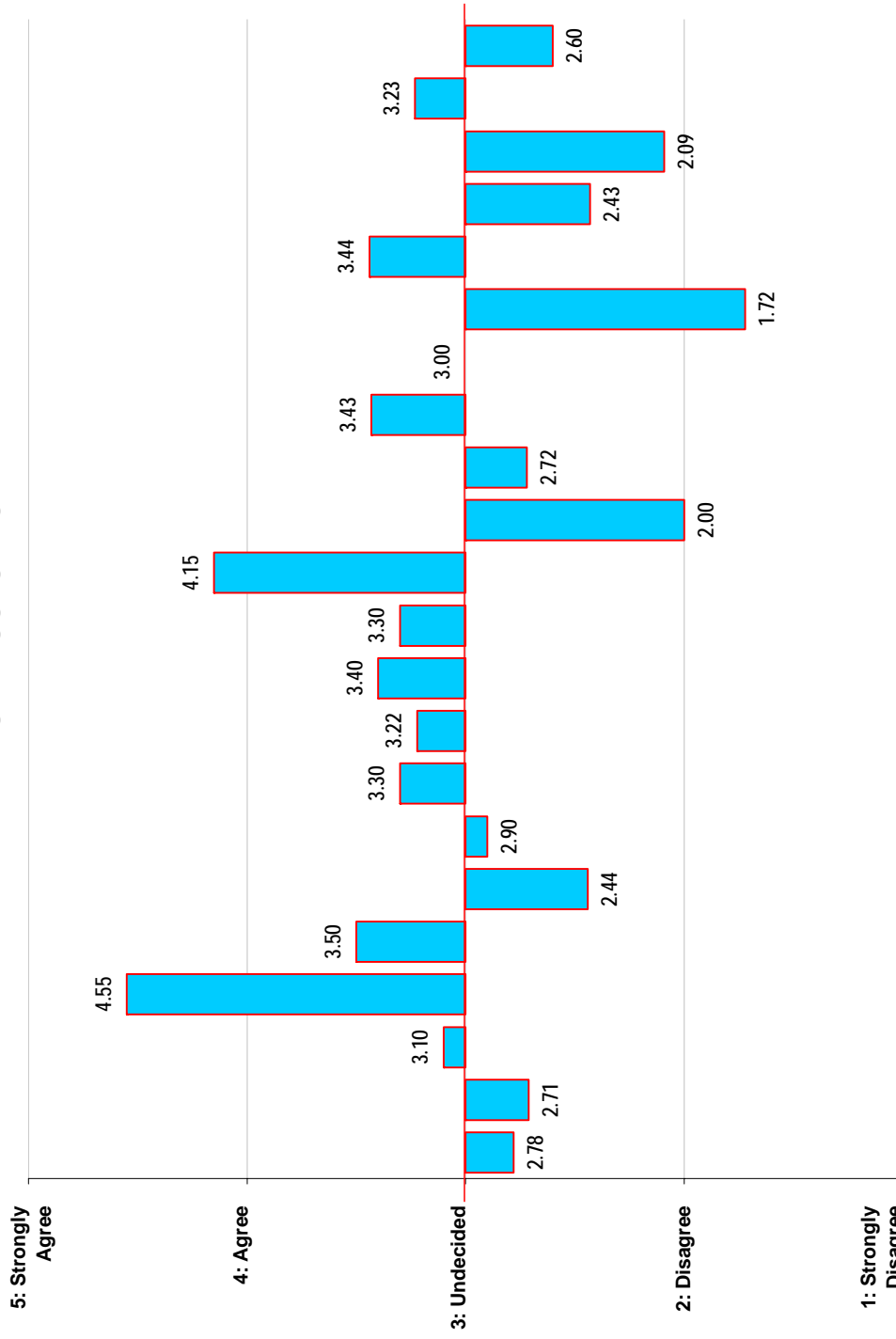
Mean SOF Responses Across All NorthSTAR Agency Sites: PROGRAM IS OPEN TO CHANGE
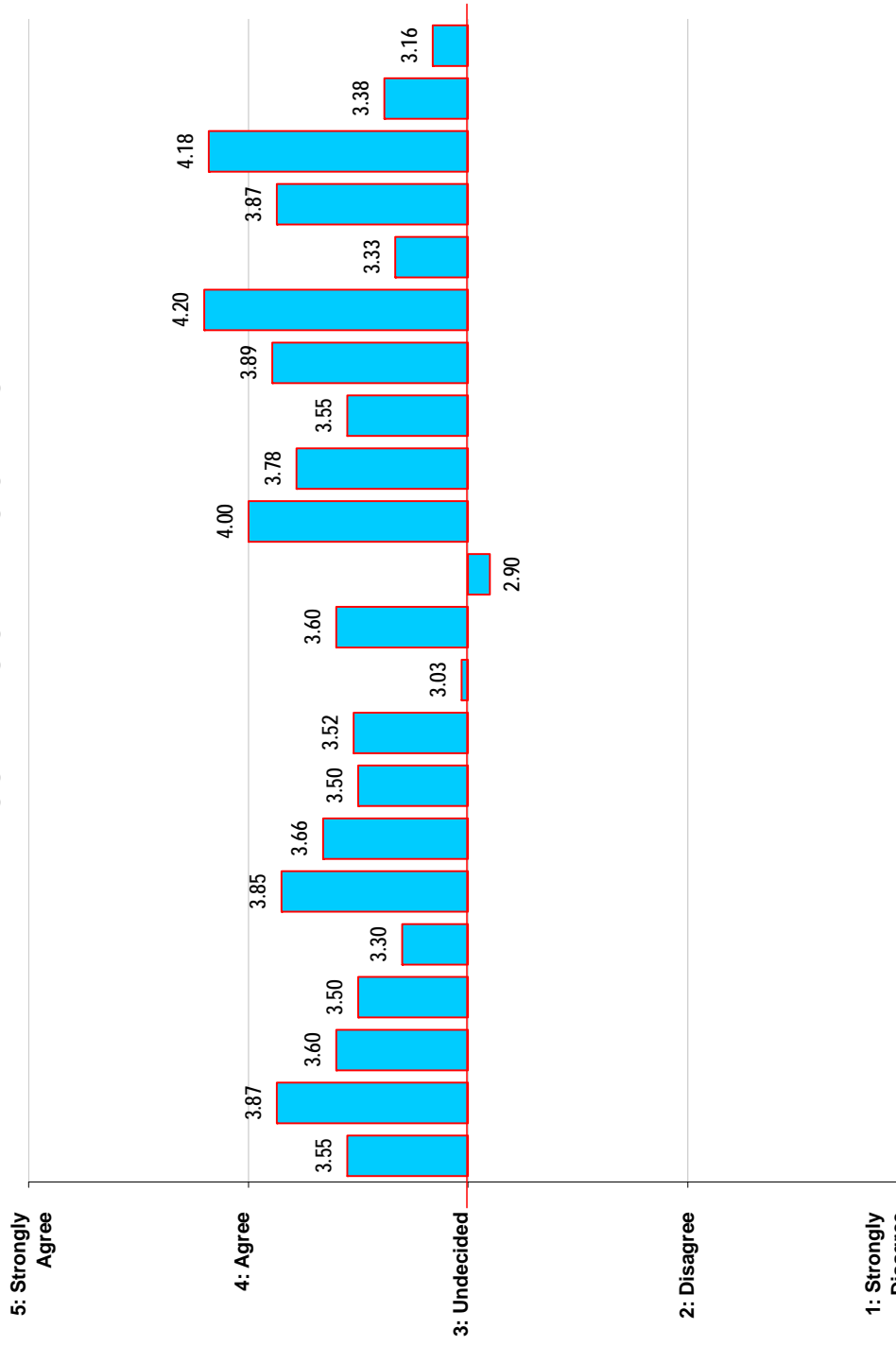
NorthSTAR Overall Compared to Texas State Data on SOF Scales: In order to provide
a benchmark against which NorthSTAR results can be referenced, project staff integrated
analyses using data collected by Texas Christian University in collaboration with the
University of Texas at Austin and the Department of State Health Services in July of
2003. These data represent agencies throughout Texas, providing various modes of
treatment and serving both adult and adolescent populations in 2003.

In general, it appears that NorthSTAR is comparable to the 2003 State data on most SOF
scales and none of the small differences should be regarded as statistically significant.
Interestingly, NorthSTAR respondents reported somewhat more agreement that their staff
work well together, that their communication is good, and that their program is open to
changes than was reported on the same scales by their statewide counterparts. Finally,
NorthSTAR respondents reported somewhat lower levels of stress than their counterparts
in the State data. NorthSTAR respondents, however, reported less satisfaction with
computer resources than their contemporaries in the State data.

- **Graph:** This graph represents the averages for all NorthSTAR respondents on
  the 4 domains and 18 scales of the SOF. It shows the averages for NorthSTAR
  and the aggregated averages for the State data. This is a graphical representation
  of the Averages Table which will be explained subsequently.

Survey of Organizational Functioning (SOF)
Mean Scores for NorthSTAR VS. Texas Average
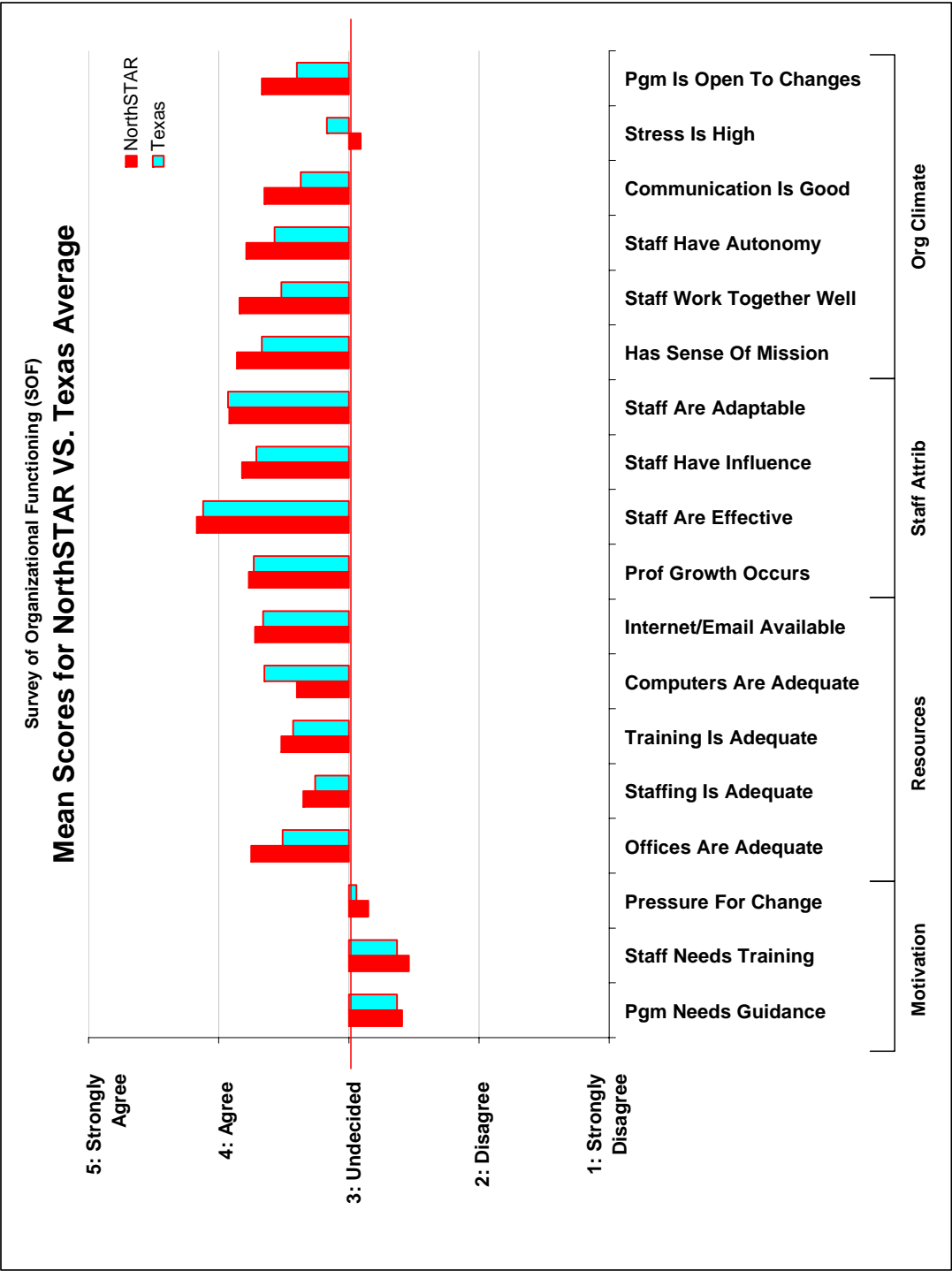
- **Averages Table:** This table represents the averages for all NorthSTAR respondents on the 4 domains and 18 scales of the SOF. It shows the averages for NorthSTAR and the averages for the Texas data. This is a tabular representation of the graph that was previously explained.

Survey of Organizational Functioning (SOF)
Mean Scores for NorthSTAR (n=156) VS. Texas Average (n=405)

Section	Scale	NorthSTAR Average	Texas Average
Motivation for Change	Pgm Needs Guidance	2.59	2.63
	Staff Needs Training	2.54	2.63
	Pressure For Change	2.85	2.94
Resources	Offices Are Adequate	3.75	3.51
	Staffing Is Adequate	3.35	3.26
	Training Is Adequate	3.52	3.43
	Computers Are Adequate	3.40	3.65
	Internet/Email Available	3.72	3.66
Staff Attributes	Prof Growth Occurs	3.77	3.73
	Staff Are Effective	4.17	4.12
	Staff Have Influence	3.82	3.71
	Staff Are Adaptable	3.92	3.93
Climate	Has Sense Of Mission	3.86	3.67
	Staff Work Together Well	3.84	3.52
	Staff Have Autonomy	3.79	3.57
	Communication Is Good	3.65	3.37
	Stress Is High	2.91	3.17
	Pgm Is Open To Changes	3.67	3.40

- **Extremes Table:** This table presents the percentages of extreme scores (indicating potential areas of concern) on 3 domains and 15 scales of the SOF. It shows the percentages of extreme scores for NorthSTAR and the percentages aggregated for the Texas data.
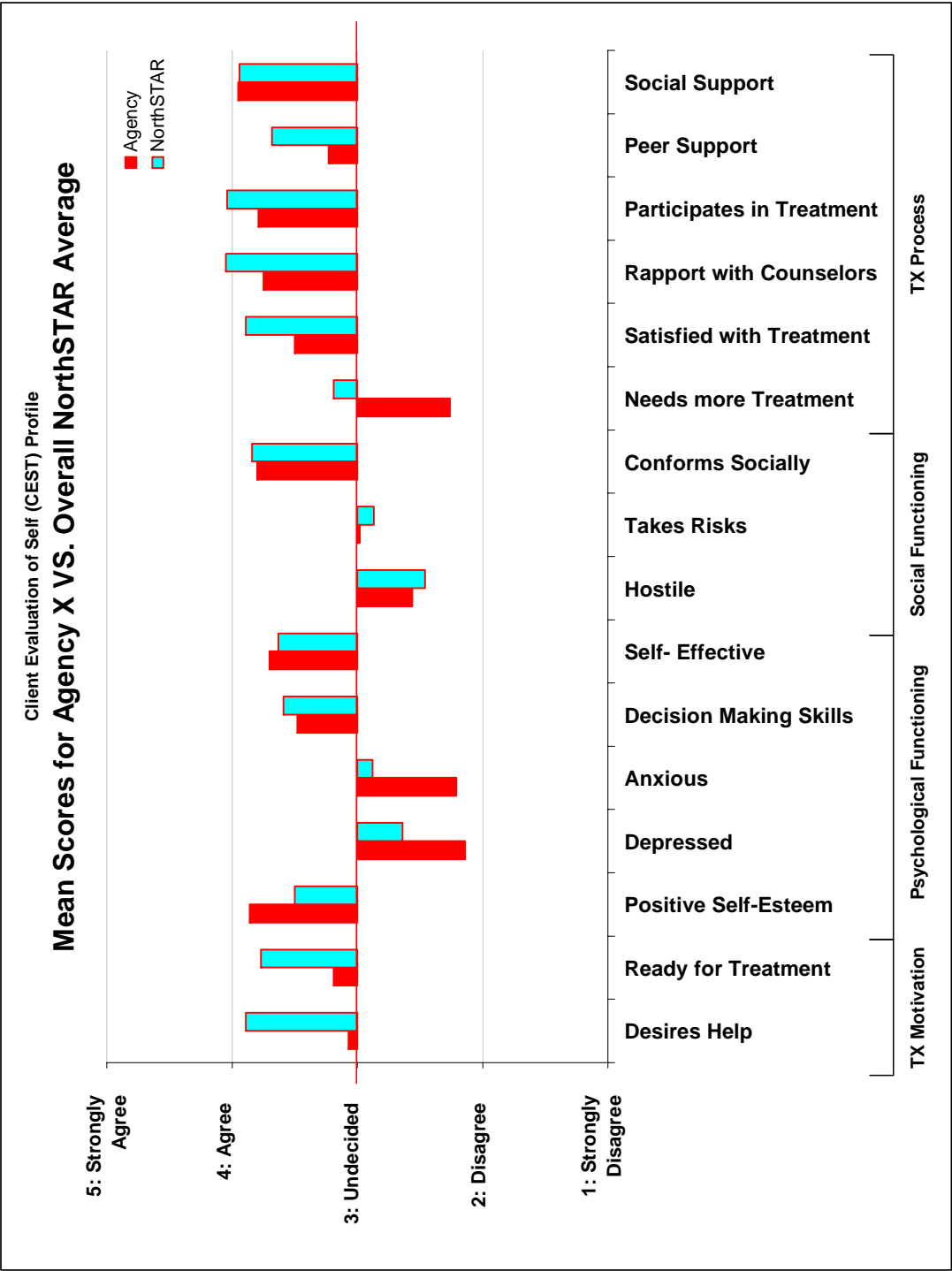
Survey of Organizational Functioning (SOF)
Percent Extreme Scores for NorthSTAR (n=156) VS. Texas Percent (n=405)

Section	Scale	NorthSTAR Percent Extreme	Texas Percent Extreme
Resources	Offices Are Adequate	4	7
	Staffing Is Adequate	4	7
	Training Is Adequate	3	7
	Computers Are Adequate	2	1
	Internet/Email Available	4	4
Staff Attributes	Prof Growth Occurs	2	1
	Staff Are Effective	0	0
	Staff Have Influence	1	1
	Staff Are Adaptable	0	0
Climate	Has Sense Of Mission	1	3
	Staff Work Together Well	3	8
	Staff Have Autonomy	1	2
	Communication Is Good	4	8
	Stress Is High	16	23
	Pgm Is Open To Changes	0	4

Client Evaluation of Self and Treatment (CEST): Three different types of analyses have been produced for the CEST. One analysis will demonstrate an example of the output provided to each agency. Two subsequent types of analyses have been produced for aggregated NorthSTAR results.

Agency-Level CEST Results: Results of the CEST were delivered to each agency via email on September 26th (see Appendix I for sample email). The following is an example of all output for Agency X:

- **Graph:** The graph represents the averages for all respondents on the 4 domains and 16 scales of the CEST. It shows the averages for a given site and the aggregated averages for all of the participating chemical dependency sites in the NorthSTAR network. This is a graphical representation of the Averages Table which will be explained subsequently.

Client Evaluation of Self (CEST) Profile

Mean Scores for Agency X VS. Overall NorthSTAR Average

- **Averages Table:** This table represents the averages for all respondents on the 4
  domains and 16 scales of the CEST. It shows the averages for a given site and the
  averages for all of the participating chemical dependency sites in the NorthSTAR
  network. This is a tabular representation of the graph that was previously
  explained.

Client Evaluation of Self and Treatment (CEST) Profile
Mean Scores for Agency X (n=#)
Compared to Overall NorthSTAR Average (n=703)

Section	Scale	Agency Average	NorthSTAR Average
Treatment Motivation	Desires Help	3.07	3.89
	Ready for Treatment	3.19	3.77
Psychological Functioning	Positive Self-Esteem	3.86	3.50
	Depressed	2.14	2.64
	Anxious	2.21	2.88
	Decision Making Skills	3.48	3.59
	Self- Effective	3.70	3.63
Social Functioning	Hostile	2.56	2.46
	Takes Risks	2.98	2.87
	Conforms Socially	3.80	3.84
Treatment Process	Needs more Treatment	2.26	3.19
	Satisfied with Treatment	3.50	3.89
	Rapport with Counselors	3.75	4.05
	Participates in Treatment	3.79	4.04
	Peer Support	3.23	3.68
	Social Support	3.95	3.94

- **Extremes Table:** This table presents the percentages of extreme scores (indicating potential areas of concern) on the 4 domains and 16 scales of the CEST. It shows the percentages for a given site and the percentages aggregated for all of the participating NorthSTAR sites.

Client Evaluation of Self and Treatment (CEST) Profile
Percent Extreme Scores for Agency X (n=#)
**Compared to Overall NorthSTAR Average (n=703)**

Section	Scale	Agency Percent Extreme	NorthSTAR Percent Extreme
Treatment Motivation	Does Not Desire Help	0	2
	Not Ready for Treatment	2	3
Psychological Functioning	Low Self-Esteem	0	7
	High Depression	0	6
	High Anxiety Level	0	13
	Poor Decision Making Skills	0	4
	Low Self-Efficacy	0	2
Social Functioning	High Hostility	6	5
	Risk Taker	4	7
	Does not Conform Socially	0	1
Treatment Process	Does not Need more Treatment	49	15
	Not Satisfied with Treatment	4	3
	Poor Rapport with Counselors	2	3
	Does not Participate in Treatment	0	3
	Little Peer Support	8	6
	Little Social Support	0	3

NorthSTAR Aggregated Means for Responses on CEST Scales: Averages for each

agency for each of the 16 scales of the CEST have been graphically displayed. Due to

the range of sample sizes within each organization (from 5 – 98)[3] caution must be

advised when considering agencies relative to one another. Sixteen graphs represent the

range of averages for each participating NorthSTAR agency[4]. As with the SOF, the

range of responses is quite variable for many scales on the CEST. The three scales with

the highest degree of variability are "Needs More Treatment," "Desires Help," and

"Ready For Treatment." As an example, for "Needs More Treatment" means range from

2.10 (indicating that respondents at this agency tend to disagree that they need more

treatment) to 4.25 (indicating that respondents at this agency tend to agree that they need

more treatment).

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[3] Analyses were not produced for agencies with fewer than 5 respondents due to concern for respondent confidentiality.
[4] Agencies have not been identified in order to enforce that this project is non-evaluative in nature and that results are intended for internal process improvement purposes only.
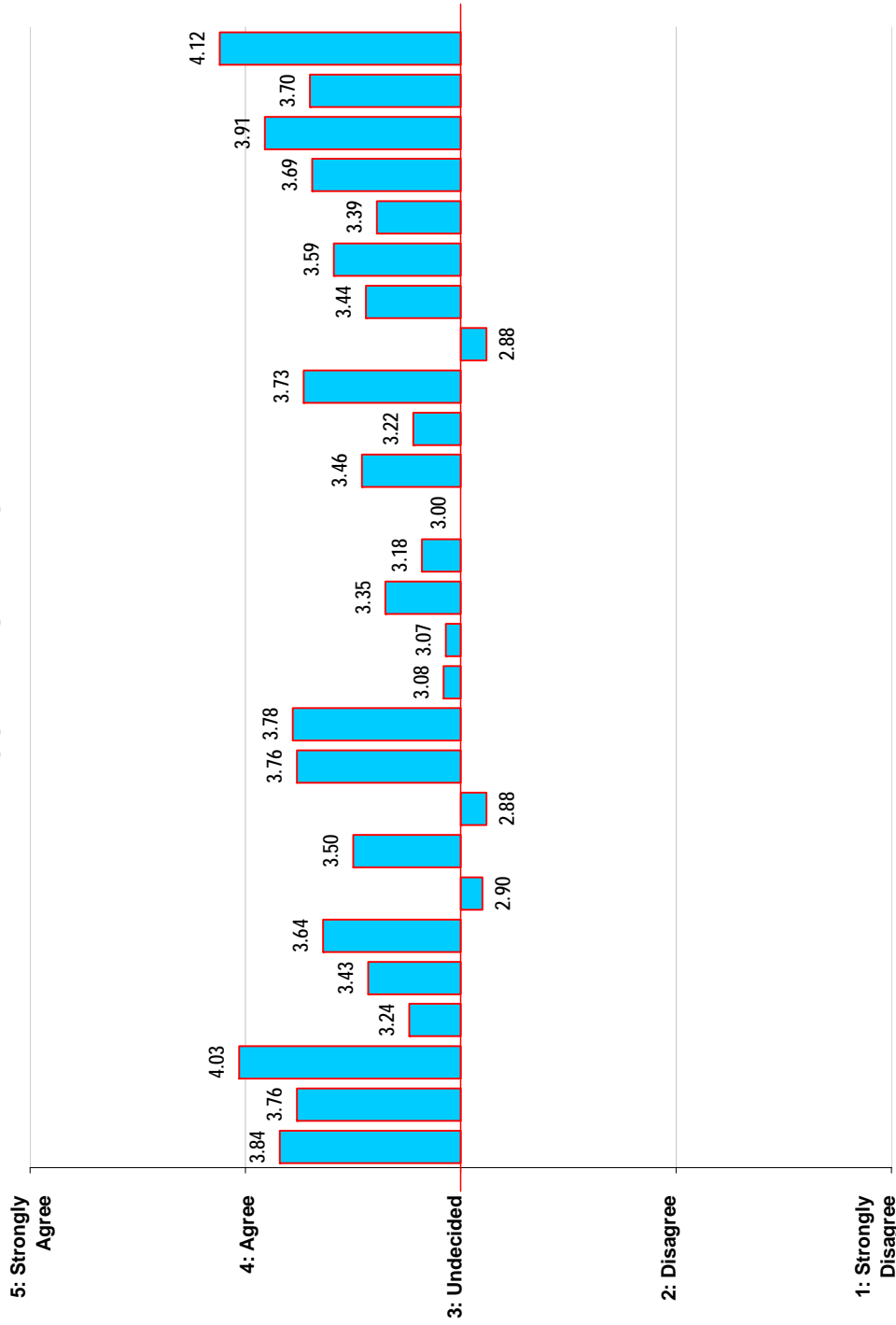
Mean CEST Responses Across All NorthSTAR Agency Sites:
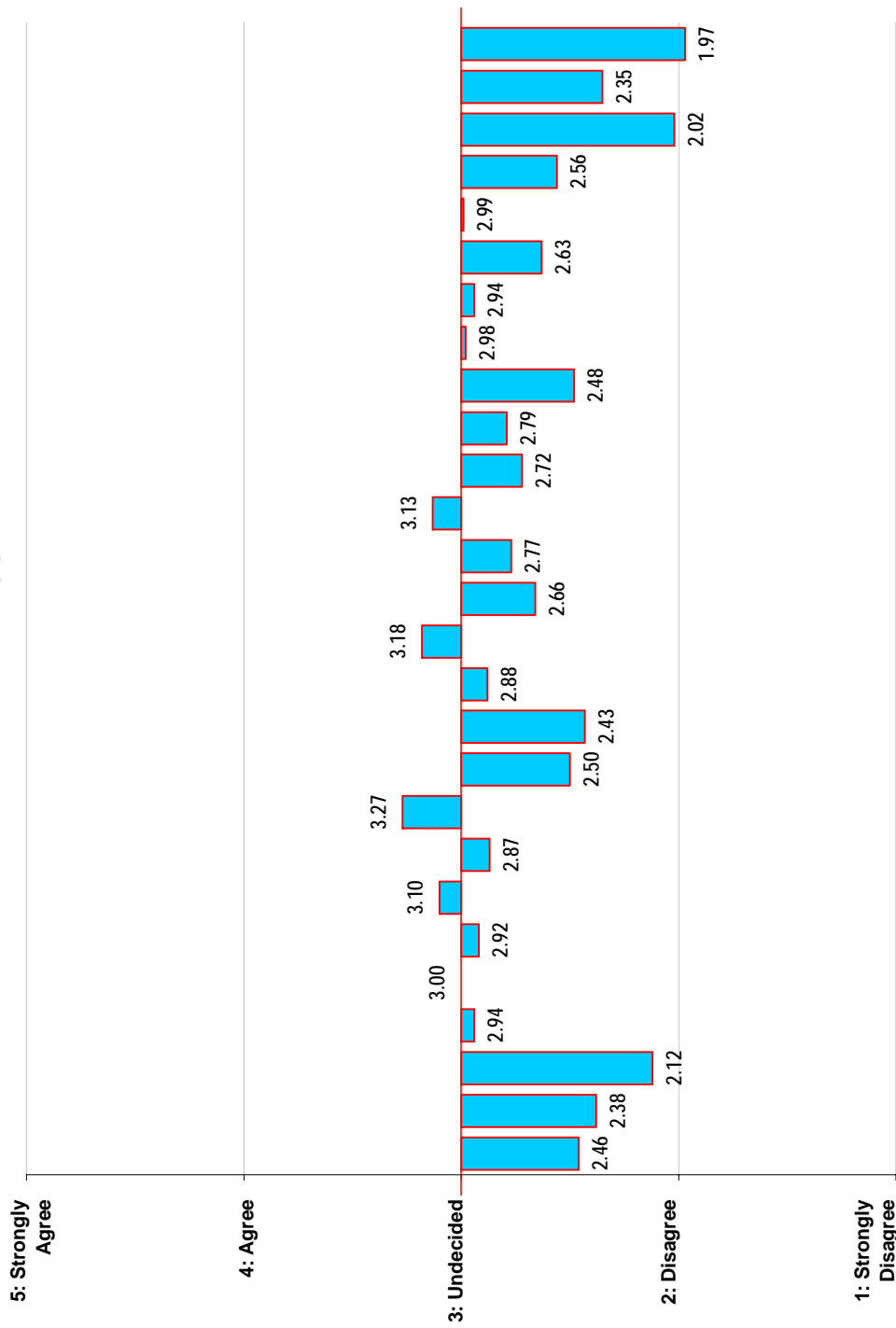DESIRES HELP
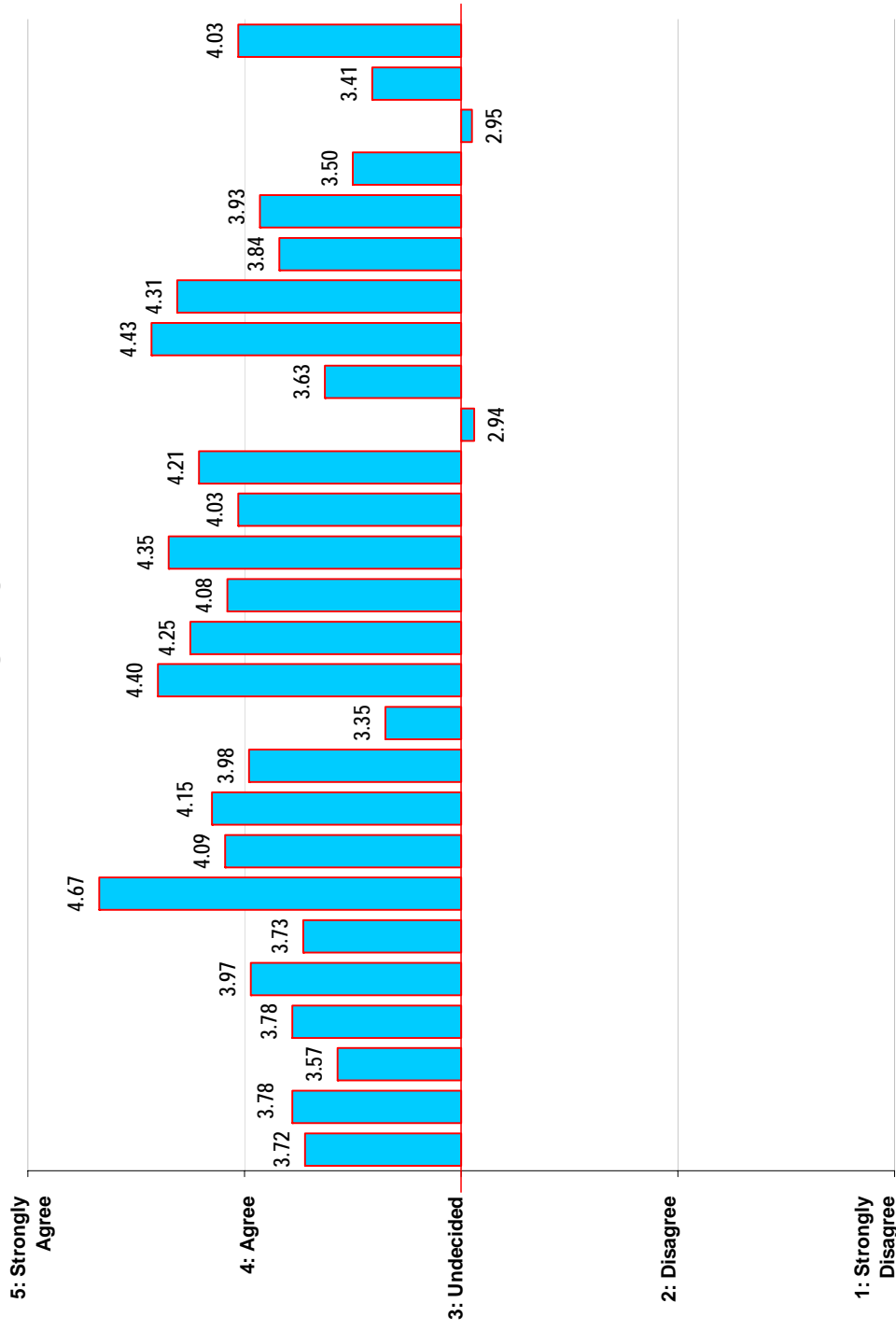
Mean CEST Responses Across All NorthSTAR Agency Sites:
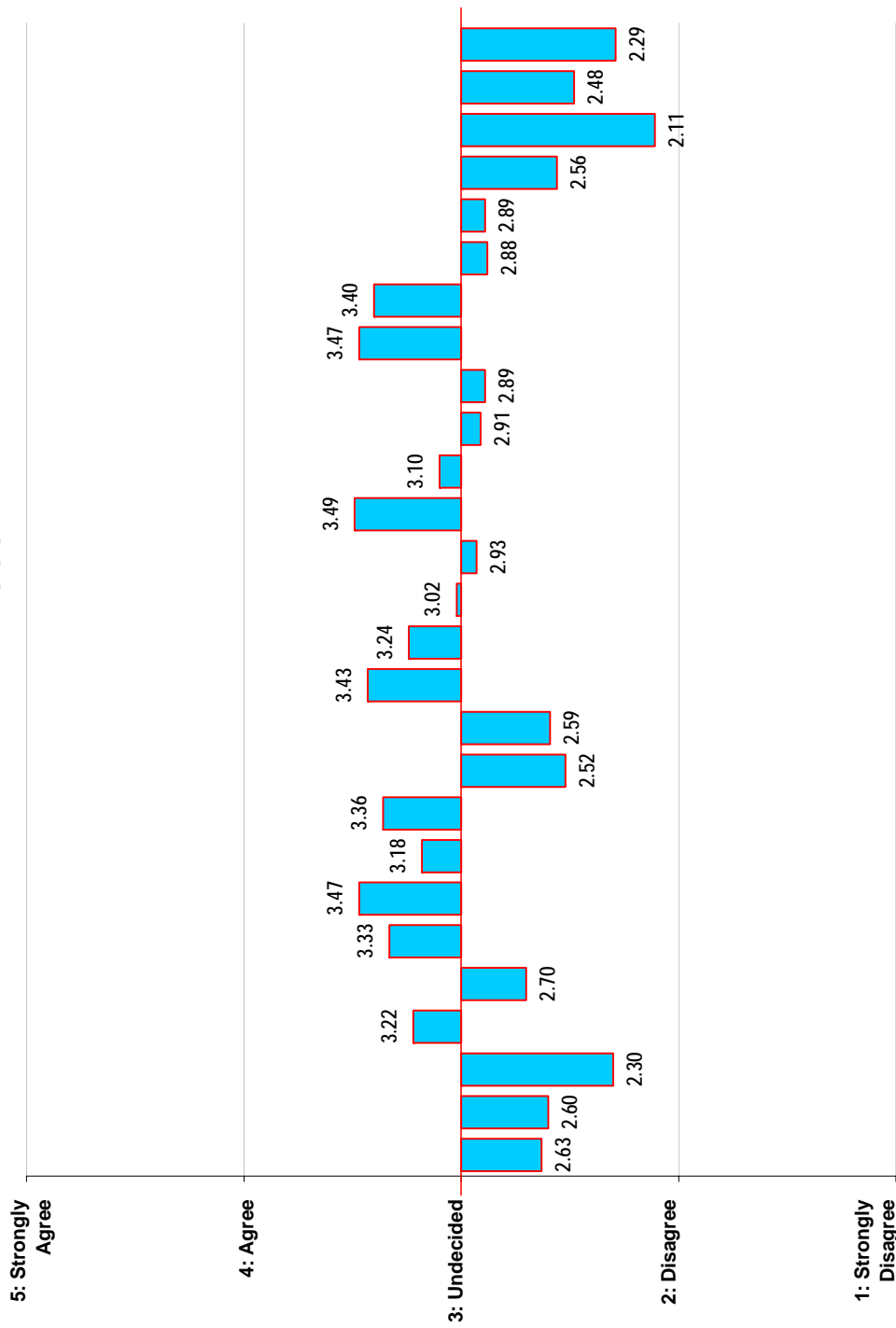READY FOR TREATMENT
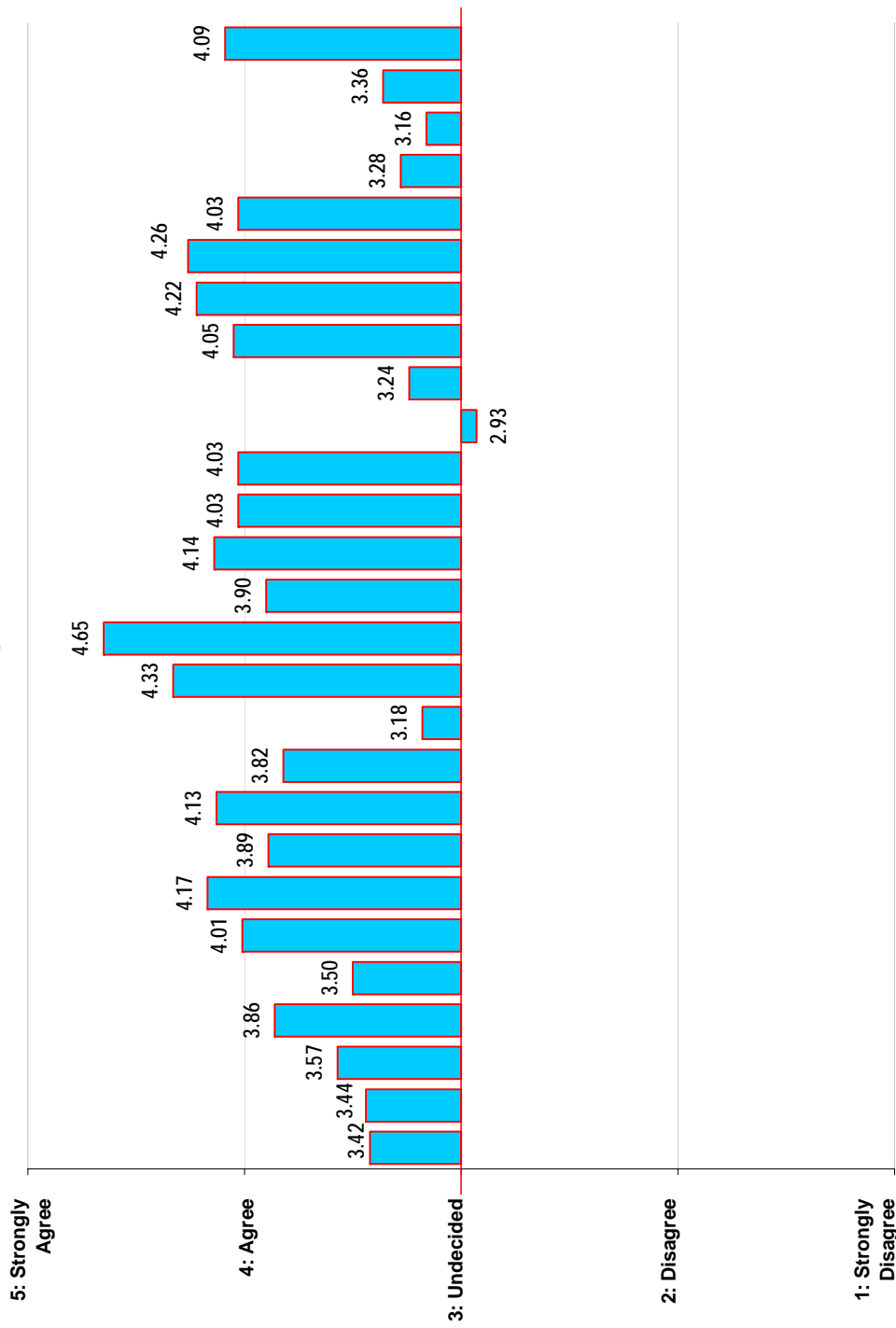
Mean CEST Responses Across All NorthSTAR Agency Sites: POSITIVE SELF-ESTEEM
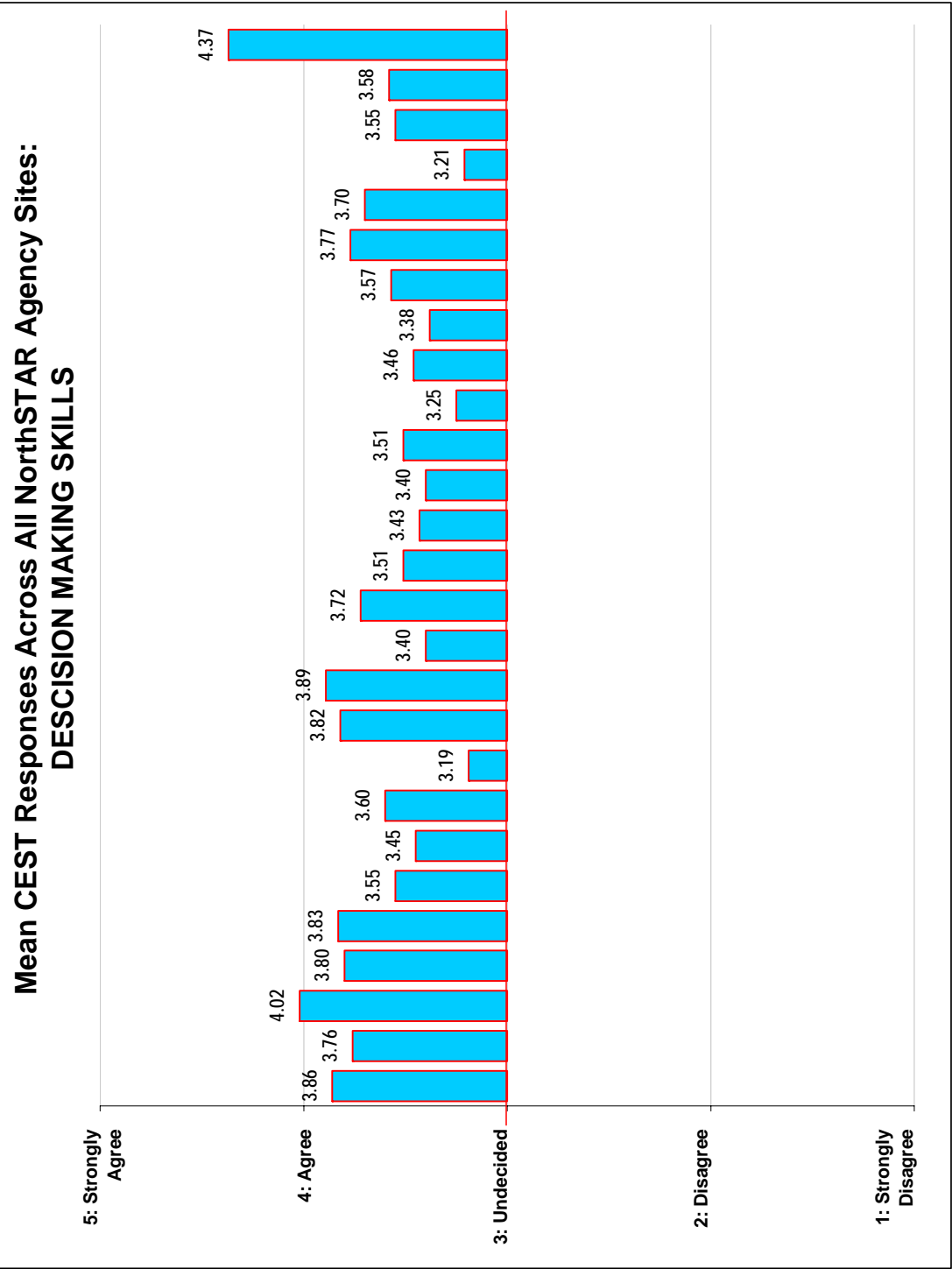
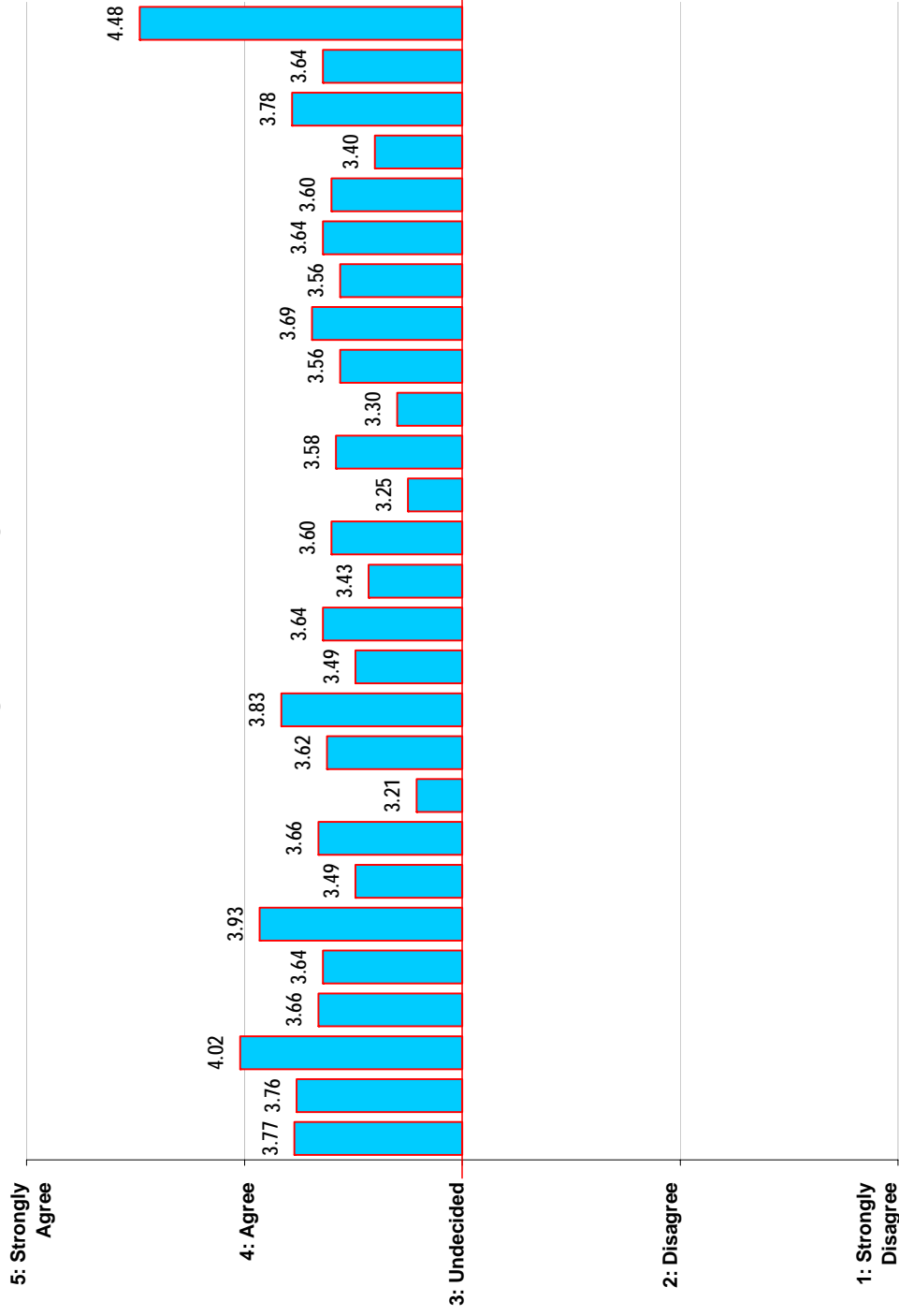**Mean CEST Responses Across All NorthSTAR Agency Sites: DEPRESSED**

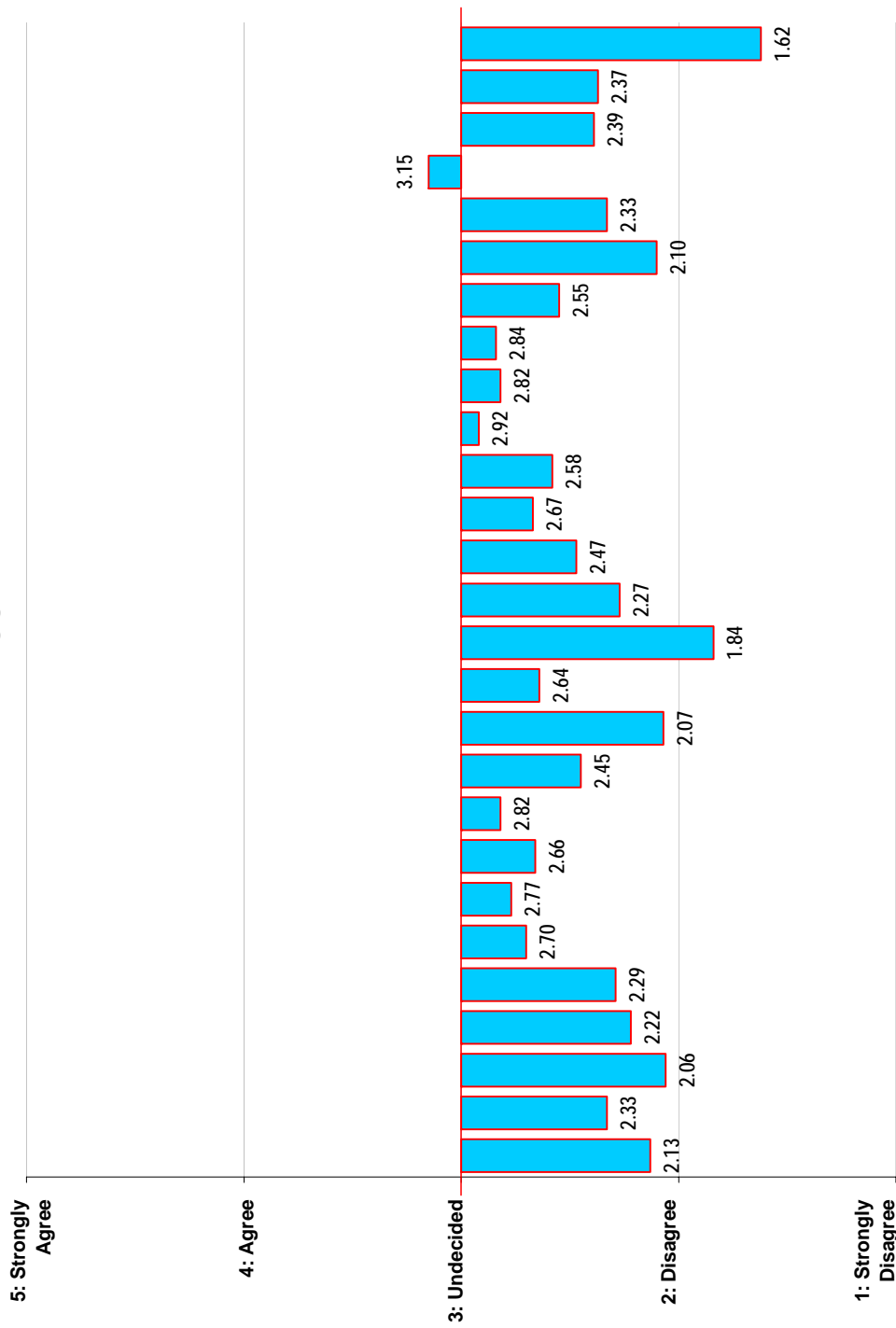# Mean CEST Responses Across All NorthSTAR Agency Sites: ANXIOUS

Mean CEST Responses Across All NorthSTAR Agency Sites: DESCISION MAKING SKILLS
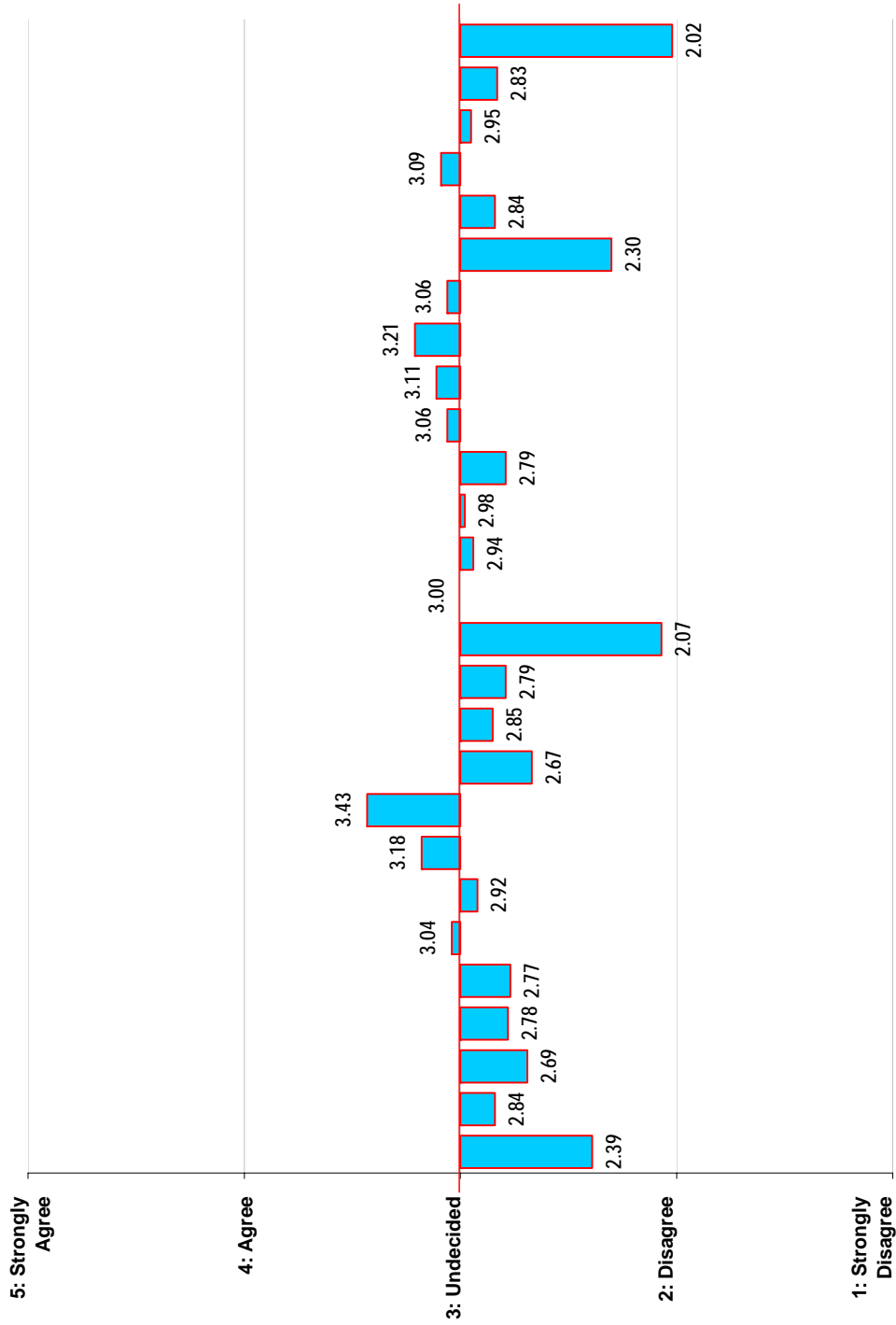
Mean CEST Responses Across All NorthSTAR Agency Sites: SELF-EFFECTIVE
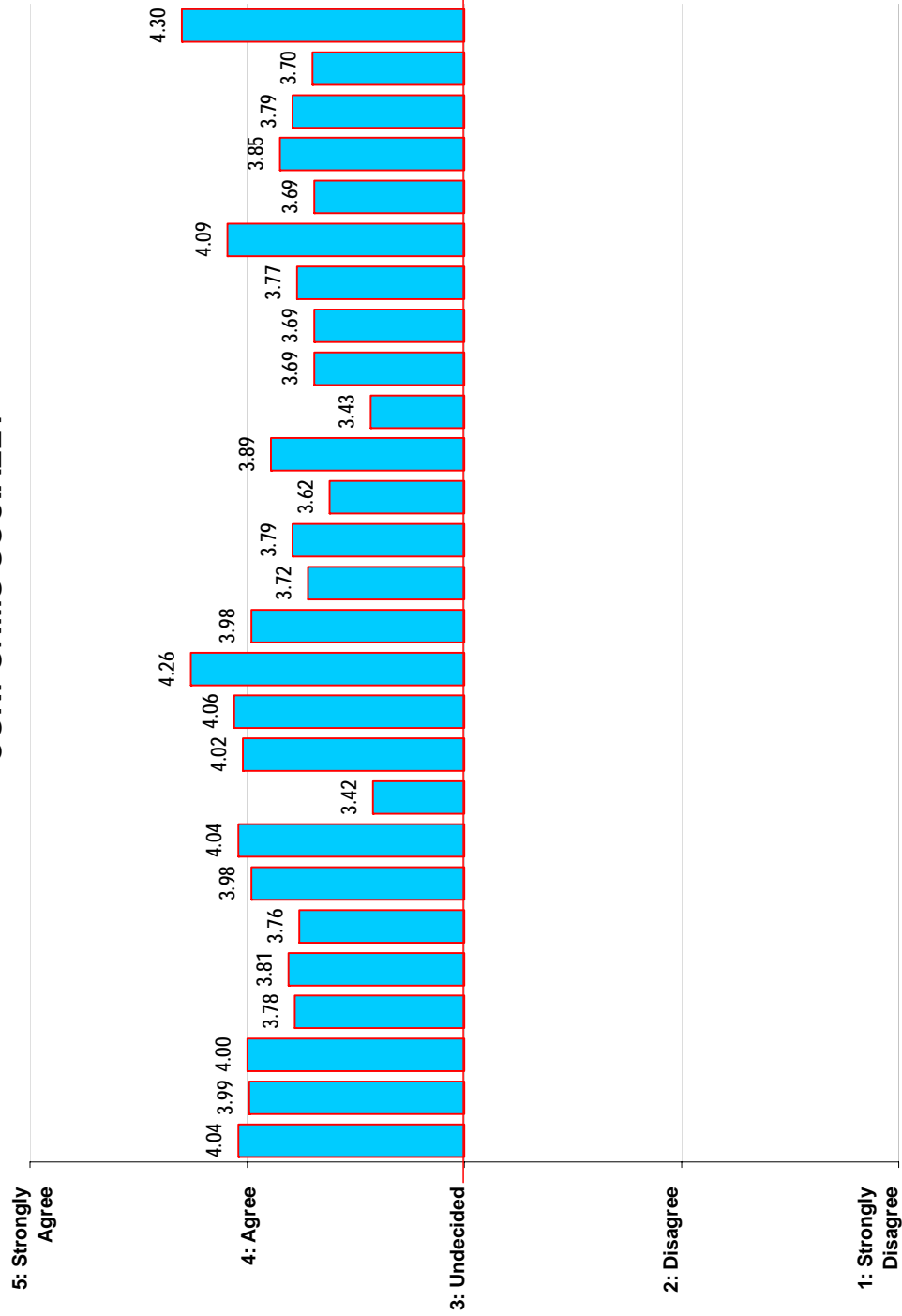
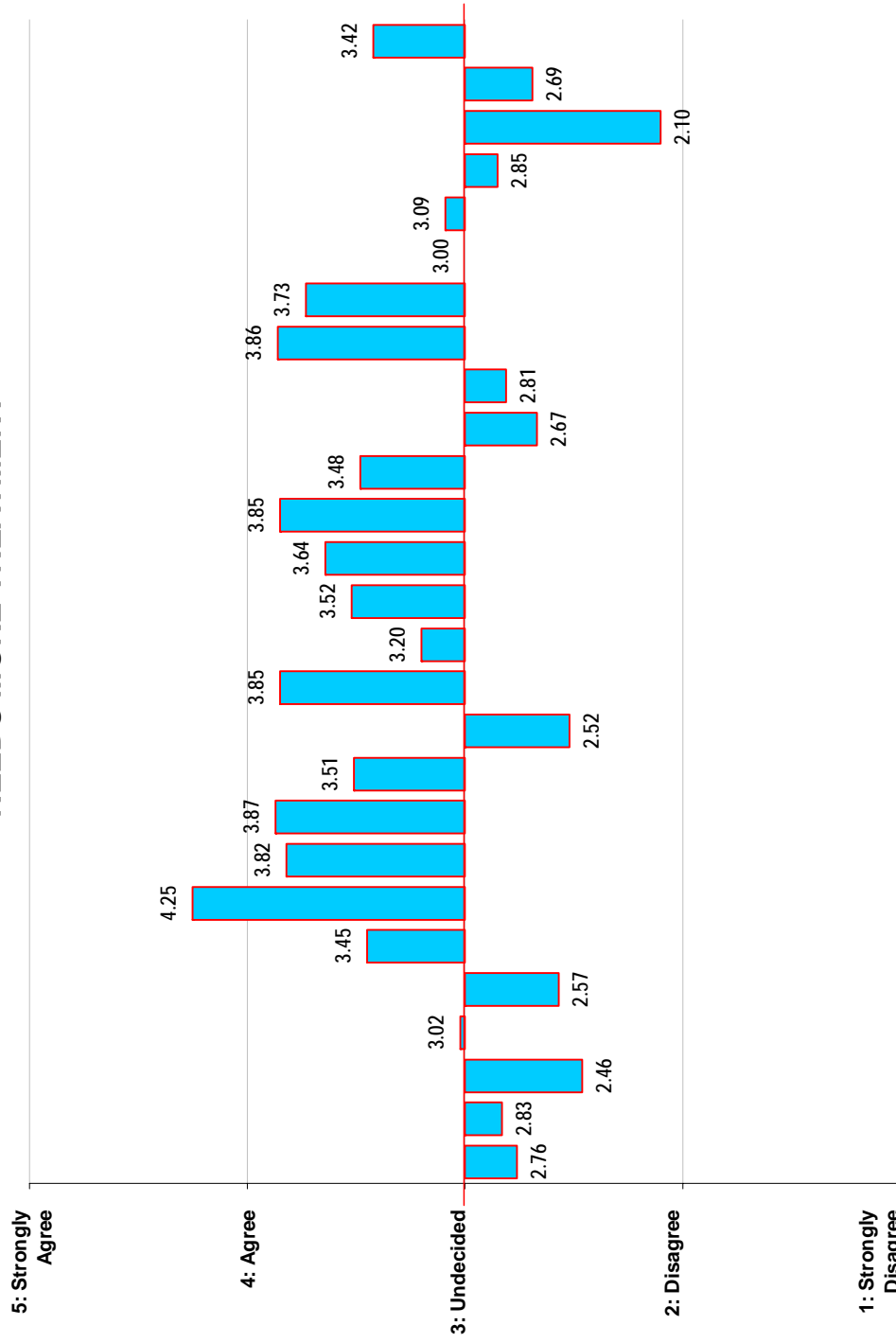Mean CEST Responses Across All NorthSTAR Agency Sites: HOSTILE

49

Mean CEST Responses Across All NorthSTAR Agency Sites: TAKES RISKS

50

Mean CEST Responses Across All NorthSTAR Agency Sites: CONFORMS SOCIALLY

Mean CEST Responses Across All NorthSTAR Agency Sites: NEEDS MORE TREATMENT

Mean CEST Responses Across All NorthSTAR Agency Sites: SATISFIED WITH TREATMENT
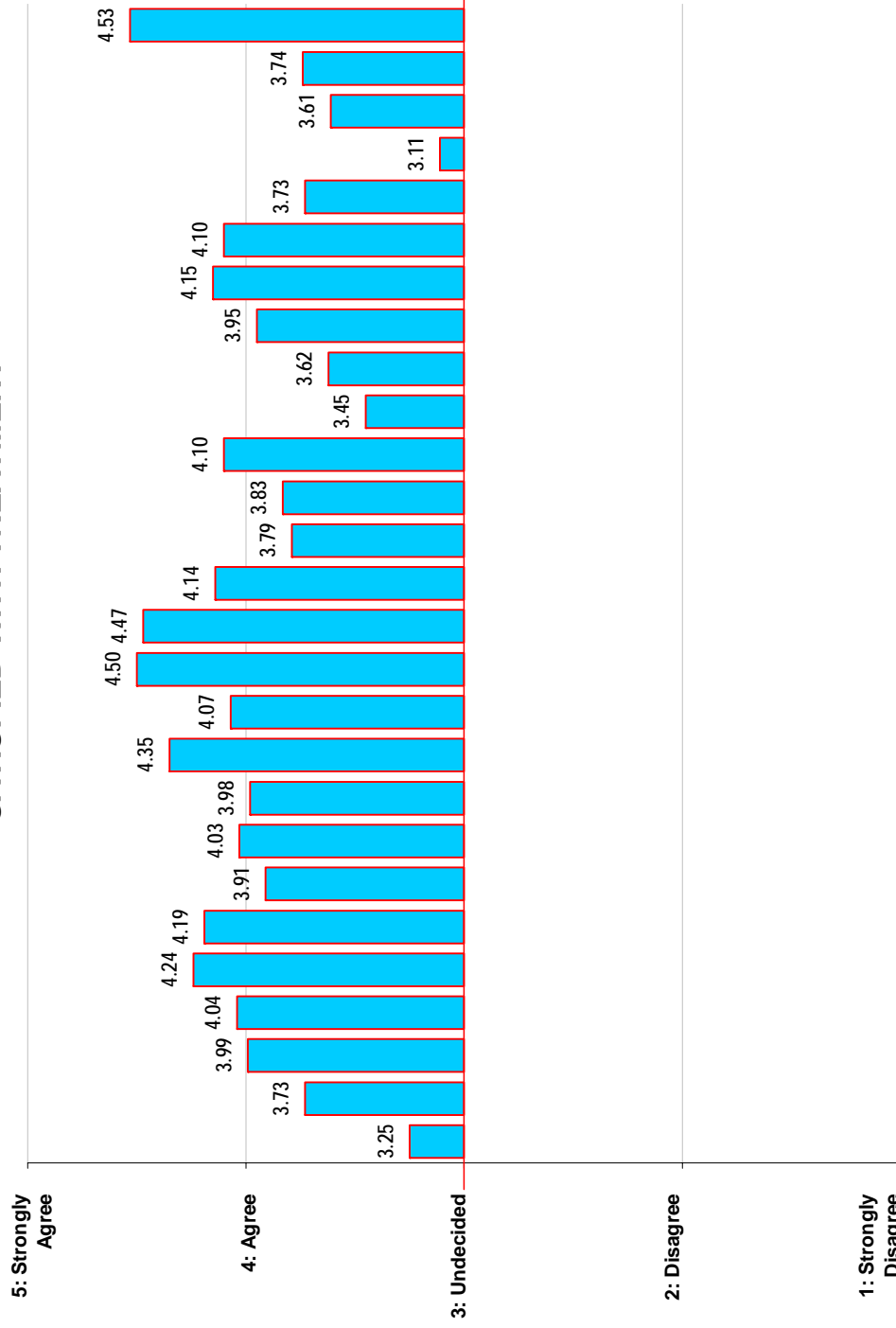
Mean CEST Responses Across All NorthSTAR Agency Sites: RAPPORT WITH COUNSELORS

Mean CEST Responses Across All NorthSTAR Agency Sites: PARTICIPATES IN TREATMENT

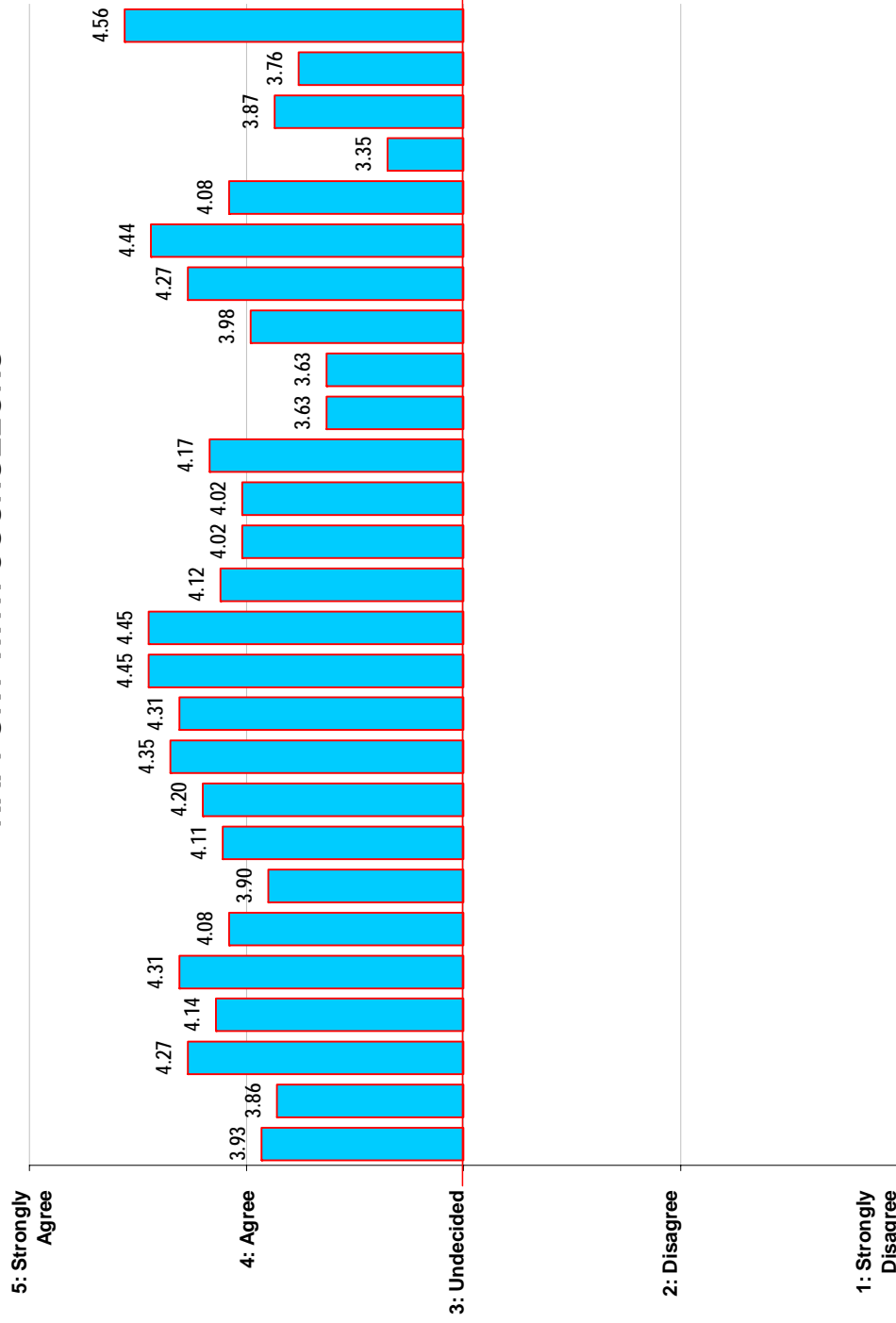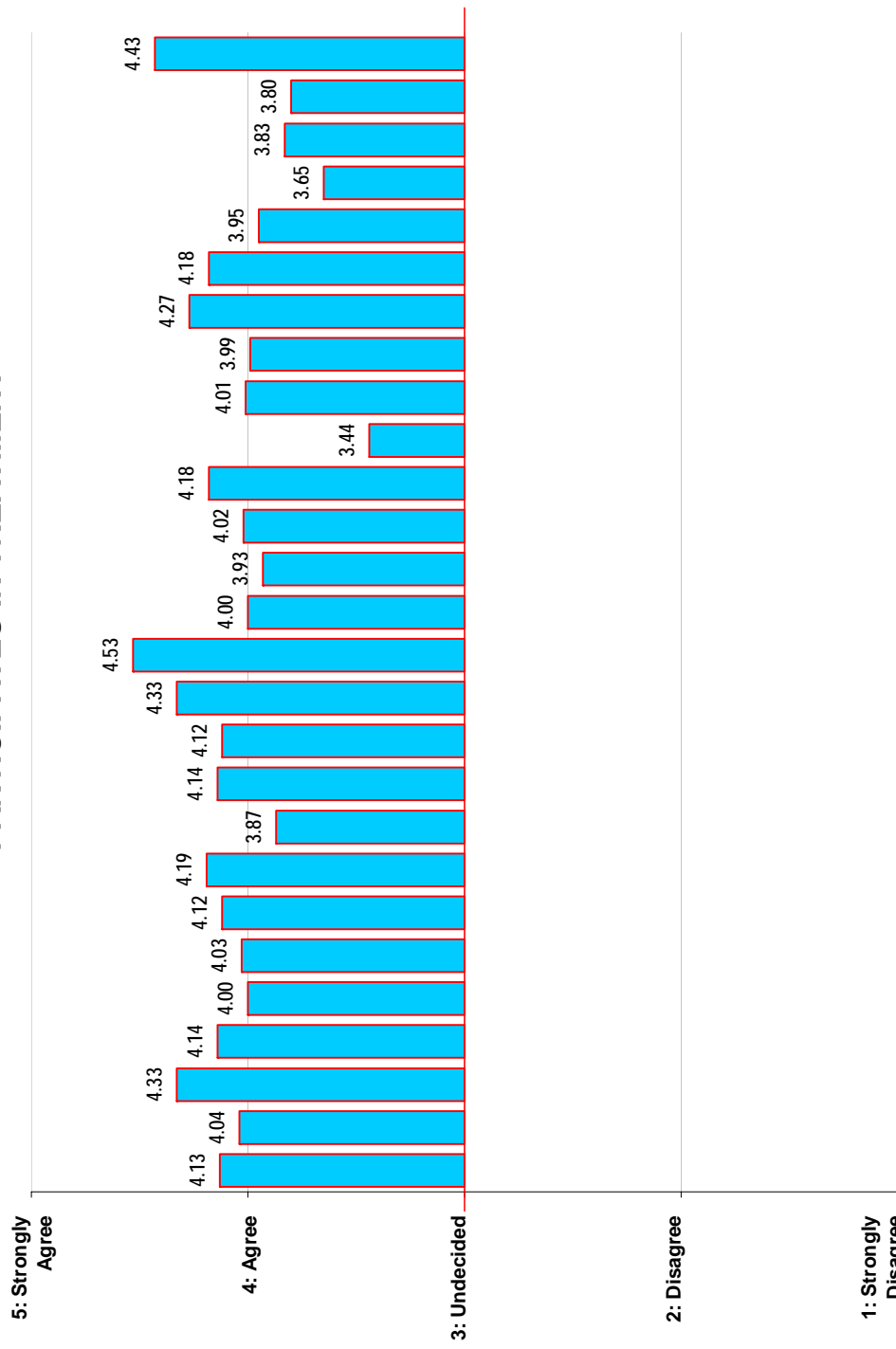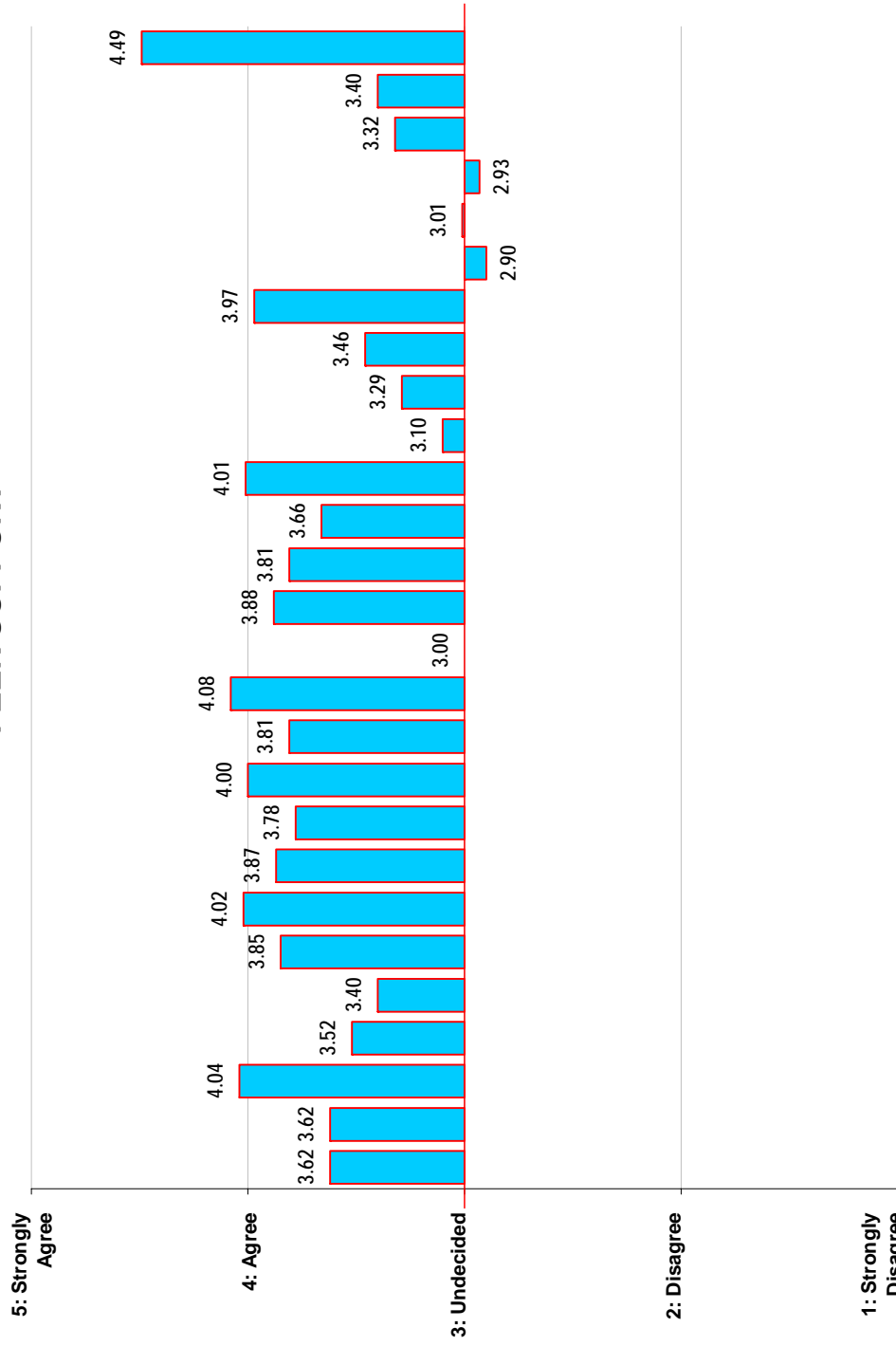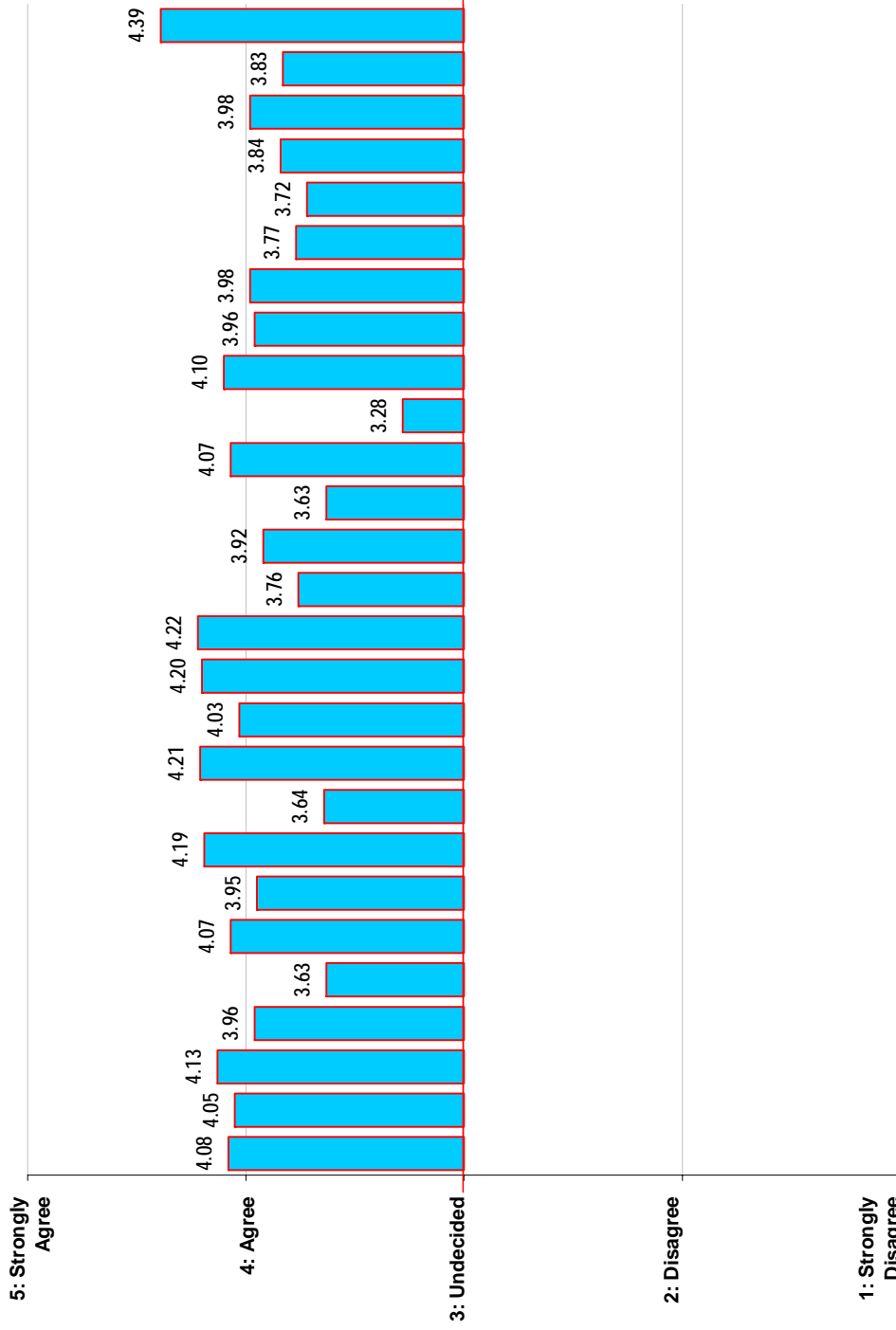**Mean CEST Responses Across All NorthSTAR Agency Sites: PEER SUPPORT**

Mean CEST Responses Across All NorthSTAR Agency Sites: SOCIAL SUPPORT

NorthSTAR Overall Compared to State Data on CEST Scales: In order to provide a benchmark against which NorthSTAR results can be referenced, project staff integrated analyses using data collected by Texas Christian University in collaboration with the University of Texas at Austin and the Department of State Health Services in November of 2003. These data represent agencies statewide, providing various modes of treatment and serving both adult and adolescent populations. Generally, NorthSTAR appears quite comparable to the Texas data on all CEST scales, suggesting NorthSTAR clients respond very similarly to statewide clients.

- **Graph:** This graph represents the averages for all NorthSTAR respondents on the 4 domains and 16 scales of the CEST. It shows the averages for NorthSTAR and the aggregated averages for the Texas data. This is a graphical representation of the Averages Table which will be explained subsequently.

Client Evaluation of Self (CEST) Profile

Mean Scores for NorthSTAR VS. Texas Average
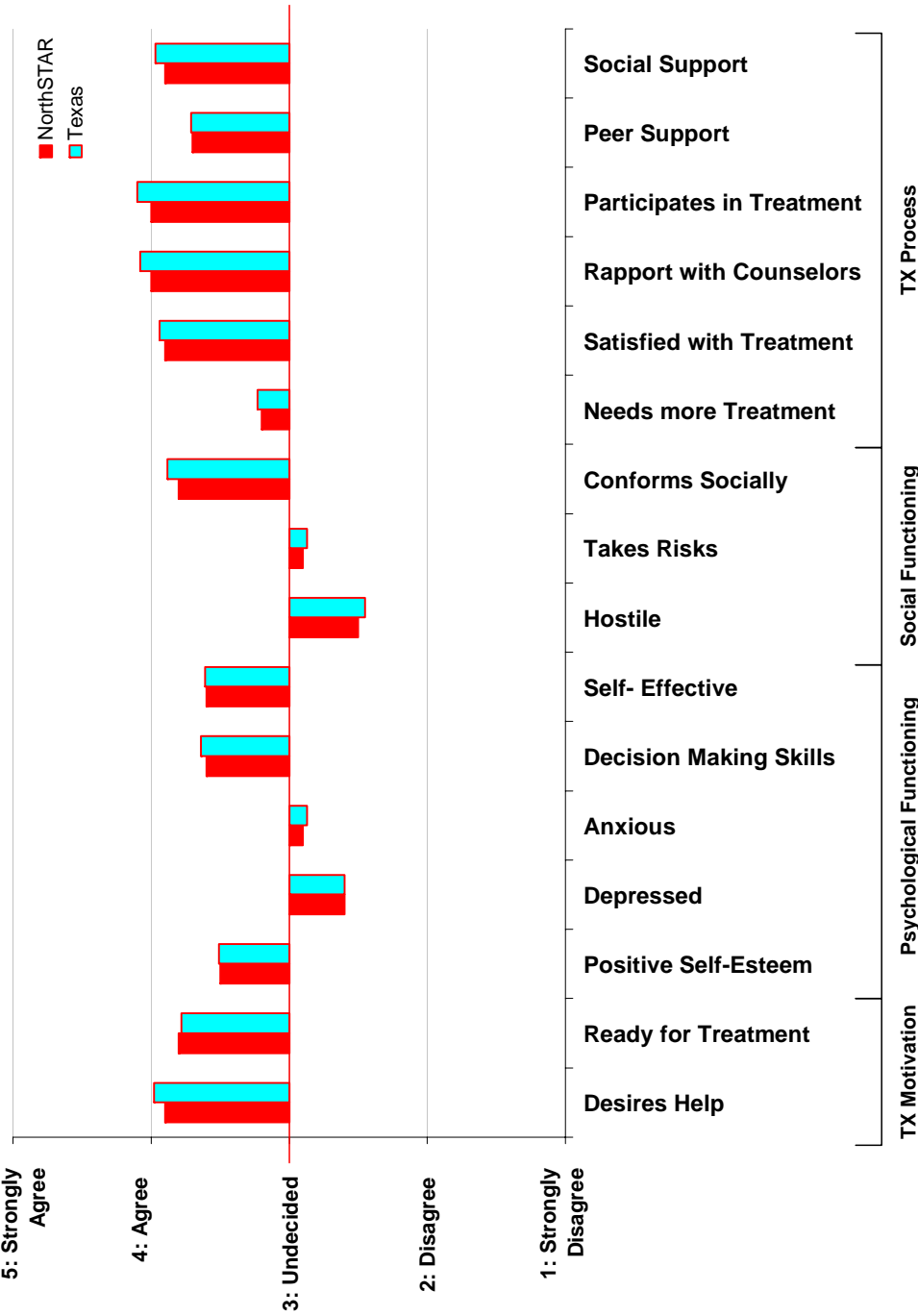
- **Averages Table:** This table represents the averages for all NorthSTAR

  respondents on the 4 domains and 16 scales of the CEST. It shows the averages

  for NorthSTAR and the averages for the State data. This is a tabular

  representation of the graph that was previously explained.

Client Evaluation of Self and Treatment (CEST) Profile
Mean Scores for NorthSTAR (n=703)
Compared to Texas Average (n=1,474)

Section	Scale	NorthSTAR Average	Texas Average
Treatment Motivation	Desires Help	3.89	3.98
	Ready for Treatment	3.77	3.78
Psychological Functioning	Positive Self-Esteem	3.50	3.51
	Depressed	2.64	2.60
	Anxious	2.88	2.87
	Decision Making Skills	3.59	3.64
	Self- Effective	3.63	3.61
Social Functioning	Hostile	2.46	2.45
	Takes Risks	2.87	2.87
	Conforms Socially	3.84	3.88
Treatment Process	Needs more Treatment	3.19	3.23
	Satisfied with Treatment	3.89	3.94
	Rapport with Counselors	4.05	4.08
	Participates in Treatment	4.04	4.10
	Peer Support	3.68	3.71
	Social Support	3.94	3.97

Modalities: Since it is expected that different clients may have different profiles, analyses are provided to compare modalities. These analyses illustrate variability that was obscured in the statewide data. Further, sites will be able to compare themselves to other sites that are similar in modality and population/s served.

As would be expected, NorthSTAR residential respondents reported more agreement that they desire help and need more treatment than reported on the same scales by their outpatient counterparts. Similarly, adult NorthSTAR respondents reported more agreement that they need more treatment, desire help, and are ready for treatment than reported on the same scales by their adolescent counterparts.

Mean CEST Responses Across All NorthSTAR Agency Sites: RESIDENTIAL VS. OUTPATIENT

Legend:
- Residential
- Outpatient

Categories (top to bottom):
- Social Support (TX Process)
- Peer Support (TX Process)
- Participates in Treatment (TX Process)
- Rapport with Counselors (TX Process)
- Satisfied with Treatment (TX Process)
- Needs more Treatment (TX Process)
- Conforms Socially (Social Functioning)
- Takes Risks (Social Functioning)
- Hostile (Social Functioning)
- Self-Effective (Psychological Functioning)
- Decision Making Skills (Psychological Functioning)
- Anxious (Psychological Functioning)
- Depressed (Psychological Functioning)
- Positive Self-Esteem (Psychological Functioning)
- Ready for Treatment (TX Motivation)
- Desires Help (TX Motivation)

Scale:
- 5: Strongly Agree
- 4: Agree
- 3: Undecided
- 2: Disagree
- 1: Strongly Disagree

Mean CEST Responses Across All NorthSTAR Agency Sites: ADOLESCENT VS. ADULT

Client Evaluation of Self and Treatment (CEST) Profile
Mean Scores for NorthSTAR Agencies
by Type of Client Served

Section	Scale	Overall NorthSTAR Average (n=703)	Out Pt Average (n=511)	Residential Average (n=125)	Adult Average (n=645)	Adolescent Average (n=58)
Treatment Motivation	Desires Help	3.9	3.8	4.3	4.0	3.1
	Ready for Treatment	3.8	3.7	4.0	3.8	3.1
Psychological Functioning	Positive Self-Esteem	3.5	3.6	3.3	3.5	3.6
	Depressed	2.6	2.5	2.8	2.7	2.3
	Anxious	2.9	2.8	3.1	2.9	2.4
	Decision Making Skills	3.6	3.6	3.4	3.6	3.4
	Self- Effective	3.6	3.7	3.5	3.6	3.5
Social Functioning	Hostile	2.5	2.4	2.7	2.4	2.6
	Takes Risks	2.9	2.8	3.1	2.9	3.0
	Conforms Socially	3.8	3.9	3.8	3.9	3.7
Treatment Process	Needs more Treatment	3.2	3.1	3.7	3.3	2.3
	Satisfied with Treatment	3.9	3.9	3.8	3.9	3.5
	Rapport with Counselors	4.0	4.1	4.0	4.1	3.6
	Participates in Treatment	4.0	4.0	4.1	4.1	3.7
	Peer Support	3.7	3.7	3.8	3.7	3.2
	Social Support	3.9	4.0	4.0	4.0	3.8

Note: Five units were not designated as outpatient, residential, or combined, therefore Ns do not sum to 703.
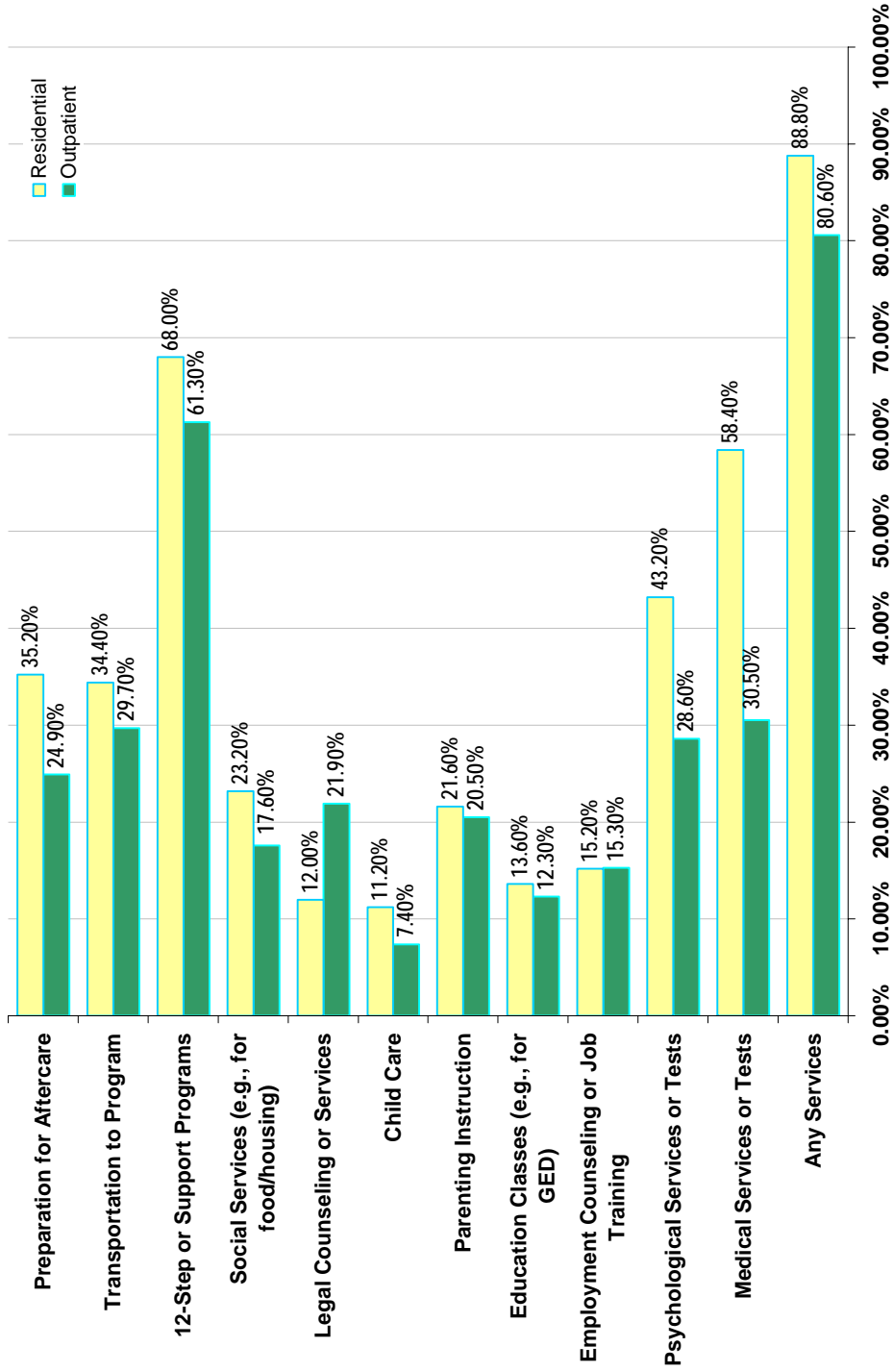
64

Client Evaluation of Self and Treatment (CEST) Profile
Percent Extreme Scores for NorthSTAR Agencies
by Type of Client Served

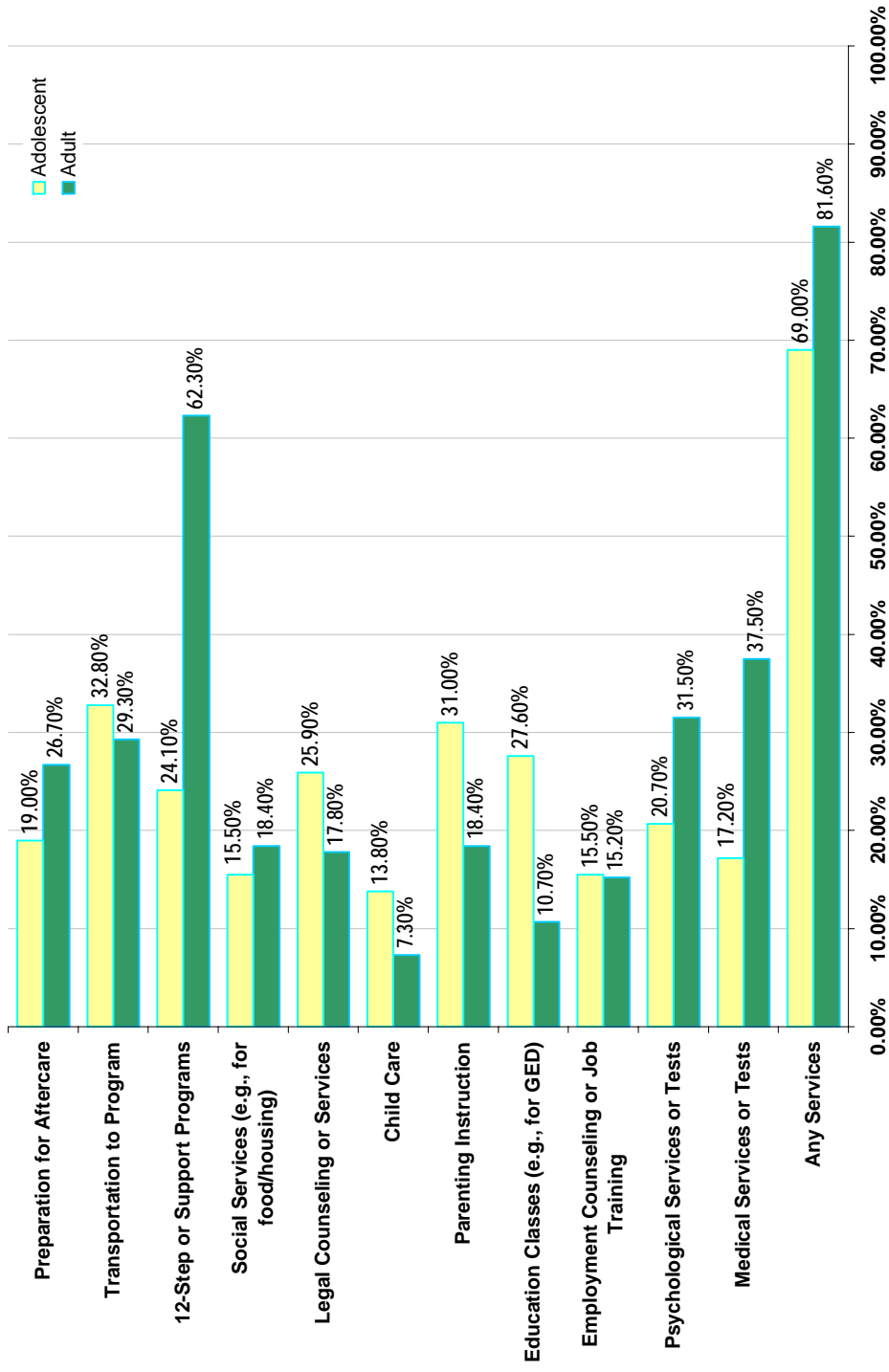| Section	Scale	Overall NorthSTAR Extreme (n=703)	Out Pt Extreme (n=511)	Residential Extreme (n=125)	Adult Extreme (n=645)	Adolescent Extreme (n=58)
Treatment Motivation	Does Not Desire Help	2	2	2	2	3
	Not Ready for Treatment	3	4	1	3	4
Psychological Functioning	Low Self-Esteem	7	7	8	7	2
	High Depression	6	5	10	7	2
	High Anxiety Level	13	12	20	14	4
	Poor Decision Making Skills	4	4	4	4	1
	Low Self-Efficacy	2	2	1	2	1
Social Functioning	High Hostility	5	4	6	4	6
	Risk Taker	7	6	11	7	5
	Does not Conform Socially	1	1	0	1	1
Treatment Process	Does not Need more Treatment	15	18	9	13	37
	Not Satisfied with Treatment	3	3	4	3	4
	Poor Rapport with Counselors	3	3	4	3	3
	Does not Participate in Treatment	3	2	3	3	1
	Little Peer Support	6	5	7	6	7
	Little Social Support	3	3	3	3	0

Note. Five units were not designated as outpatient, residential, or combine, therefore Ns do not sum to 703.

Services: These analyses focused on ancillary services clients reported receiving in addition to treatment. These analyses compare modalities and populations served. Several expected trends emerge. Overall, more residential clients reported receiving some form of ancillary services as compared to their outpatient counterparts. Yet, most clients, both outpatient and residential, reported receiving 12-step and support programs. Also as expected, more residential clients reported receiving psychological services or tests and medical services or tests. As a matter of fact, the only category of which outpatient clients reported receiving more were legal counseling or services. When looking at the services received by populations treated, more adults reported receiving some form of ancillary services as compared to their adolescent counterparts. Interestingly, far more adult clients reported receiving 12-step and support programs, while more adolescent clients reported receiving parenting instruction, education classes, and legal counseling or services.

Percentage of Clients Reporting Types of Services Received Across All NorthSTAR Agency Sites: RESIDENTIAL VS. OUTPATIENT

Legend:
- Residential
- Outpatient

Service	Residential	Outpatient
Preparation for Aftercare	35.20%	24.90%
Transportation to Program	34.40%	29.70%
12-Step or Support Programs	68.00%	61.30%
Social Services (e.g., for food/housing)	23.20%	17.60%
Legal Counseling or Services	12.00%	21.90%
Child Care	11.20%	7.40%
Parenting Instruction	21.60%	20.50%
Education Classes (e.g., for GED)	13.60%	12.30%
Employment Counseling or Job Training	15.20%	15.30%
Psychological Services or Tests	43.20%	28.60%
Medical Services or Tests	58.40%	30.50%
Any Services	88.80%	80.60%

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Percentage of Clients Reporting Types of Services Received Across All NorthSTAR Agency Sites: ADOLESCENT VS. ADULT

Legend:
- Adolescent
- Adult

Service	Adolescent	Adult
Preparation for Aftercare	19.00%	26.70%
Transportation to Program	32.80%	29.30%
12-Step or Support Programs	24.10%	62.30%
Social Services (e.g, for food/housing)	15.50%	18.40%
Legal Counseling or Services	25.90%	17.80%
Child Care	13.80%	7.30%
Parenting Instruction	31.00%	18.40%
Education Classes (e.g., for GED)	27.60%	10.70%
Employment Counseling or Job Training	15.50%	15.20%
Psychological Services or Tests	20.70%	31.50%
Medical Services or Tests	17.20%	37.50%
Any Services	69.00%	81.60%

Client Evaluation of Self and Treatment (CEST) Profile
Percent of Clients Reporting Types of Services Received
by Type of Client Served

Services Received	Overall NorthSTAR Percent (n=703)	Out Pt Percent (n=511)	Residential Percent (n=125)	Adult Percent (n=645)	Adolescent Percent (n=58)
Any Services	80.5	80.6	88.8	81.6	69.0
Medical Services or Tests	35.8	30.5	58.4	37.5	17.2
Psychological Services or Tests	30.6	28.6	43.2	31.5	20.7
Employment Counseling or Job Training	15.2	15.3	15.2	15.2	15.5
Education Classes (e.g., for GED)	12.1	12.3	13.6	10.7	27.6
Parenting Instruction	19.5	20.5	21.6	18.4	31.0
Child Care	7.8	7.4	11.2	7.3	13.8
Legal Counseling or Services	18.5	21.9	12.0	17.8	25.9
Social Services (e.g., for food/housing)	18.2	17.6	23.2	18.4	15.5
12-Step or Support Programs	59.2	61.3	68.0	62.3	24.1
Transportation to Program	29.6	29.7	34.4	29.3	32.8
Preparation for Aftercare	26.0	24.9	35.2	26.7	19.0

Note. Five units were not designated as outpatient, residential, or combine, therefore Ns do not sum to 703.

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Program Training Needs (PTN): This survey contains 54 items but no formal scales. For this output, therefore, averages are provided for each item along with the percentage of responses indicating general agreement and the percentage of responses indicating general disagreement.

On average, the top areas of reported training needs were:

- Increasing client participation in treatment

- Improving cognitive focus of clients during group counseling

- Improving client problem-solving skills

- Improving behavioral management of clients

On average, the top reported preferences for training content areas were:

- Pharmacotherapy

- Neurobiology of addiction

- Family engagement

- Dual diagnoses

Finally, on average, the top reported training strategies preferred were:

- Exchanging ideas with other programs

- On-site consultation following training

- Training workshops based on evidence-based interventions

- Training workshops that include role playing and group activities

Program Training Needs (PTN) Survey Results
NorthSTAR (N=107)

Section	Item	Mean	Percent Agree / Strongly Agree	Percent Disagree / Strongly Disagree
Barriers to Training	**It is often too difficult to adapt things learned at workshops so they will work in this program.**	2.63	21	56
	Limited resources (e.g., office space or budget) make it difficult to adopt new treatment needs.	2.98	36	42
	The background and training of staff limits the kind of treatment changes possible.	2.73	26	53
	The budget does not allow most staff to attend professional conferences annually.	3.91	69	7
	The quality of trainers at recent training workshops and conferences has been poor.	2.51	11	57
	There are too few rewards for trying to change treatment or other procedures.	3.06	42	44
	Topics presented at recent training workshops and conferences have been too limited.	2.90	23	36
	Training interests of staff are mostly due to licensure and certification requirements.	3.24	49	32
	Training takes too much time away from the delivery of program services.	3.00	42	47
	Workload and pressures keep motivation for new training low.	3.29	50	30
Computer Resources	**More computer resources are needed.**	3.72	66	15
	Most client records are computerized.	3.16	55	38
	Program staff feel comfortable using computers.	3.65	73	14
	Program staff have easy access for using e-mail and Internet at work.	4.14	90	5
	This program has policies that limit staff access to the Internet and e-mail.	2.87	41	47

Program Training Needs (PTN) Survey Results
NorthSTAR (N=107)

Section	Item	Mean	Percent Agree / Strongly Agree	Percent Disagree / Strongly Disagree
Facilities and Climate	Adequate resources for meeting most medical and psychiatric client needs.	3.29	54	28
	Most staff feel positive and confident about the quality of services.	3.75	73	11
	Offices, equipment, and supplies are adequate.	3.68	74	18
	Program staff get along very well.	3.93	81	7
	Program staff morale is very good.	3.38	56	25
	Your program has a secure future.	3.86	72	5
	Your program has enough counselors and staff.	3.05	51	39
Needs Training in	assessing client problems and needs.	2.77	33	57
	improving behavioral management of clients.	3.14	51	40
	improving client problem-solving skills.	3.27	58	34
	improving client thinking skills.	3.21	53	35
	improving cognitive focus of clients during group counseling.	3.28	56	32
	improving rapport with clients.	2.83	37	54
	increasing client participation in treatment.	3.36	59	31
	monitoring client progress.	2.99	46	49
	using computerized client assessments.	3.20	49	38
	working with staff in other units/agencies.	3.13	46	36
Satisfaction with Training	Good inservice training is provided.	3.71	73	17
	Regional authorities or groups (e.g., ATTC, ACA) provided good training last year.	3.06	29	22
	You found good outside training events to attend last year.	3.51	64	21
	Your state-funded agency provided good training last year.	3.09	38	28

Program Training Needs (PTN) Survey Results
NorthSTAR (N=107)

Section	Item	Mean	Percent Agree / Strongly Agree	Percent Disagree / Strongly Disagree
Training Content Preferences	More pharmacotherapy information and training are needed on new medications.	3.89	82	9
	Need sensitivity training for dealing with special populations.	3.32	57	32
	Need training to understand other staff functions (e.g., correctional officer duties).	3.33	52	28
	Specialized training needed for improving family involvement and related issues.	3.63	70	17
	Training is needed on dual diagnoses and appropriate treatment.	3.59	71	23
	Training is needed on ethics and confidentiality of information.	2.99	45	44
	Training to use brief diagnostic screening tools would be helpful.	3.50	68	24
	You want more scientific information on the neurobiology of addiction.	3.69	74	17
Training Strategy Preferences	A conceptual treatment process model documenting how treatment activities contribute to recovery.	3.66	73	11
	Exchanging ideas with other programs that have interests similar to yours.	3.96	85	1
	General introductory sessions on multiple topics.	3.06	41	32
	Intensive full-day training on special topics.	3.43	64	24
	On-site consultation following training.	3.80	74	6
	Specialized training made available over the Internet.	3.51	61	22
	Telephone consultation following specialized training.	3.11	38	30
	Training workshops should be based on evidence-based interventions.	3.79	76	6
	Training workshops should be based on manual-guided interventions.	3.23	43	20
	Training workshops should include role playing and group activities.	3.74	79	13

Counselor Background Information: Lastly, a unique contribution to the FQI output is a summary of the counselor information as gathered during the SOF. The following is a summary of this information:

Demographic Variable	Frequency	Percent
Gender		
Male	59	38
Female	96	62
Missing	1	
Are you Hispanic or Latino?		
Yes	11	7
No	143	93
Missing	2	
Ethnicity		
American Indian	2	1
African American	38	25
White	101	65
More Than One Race	5	3
Other	9	6
Missing	1	
How many years of experience do you have in drug abuse counseling?		
0 to 5 months	12	8
6 to 11 months	4	3
1 to 2 years	28	19
3 to 5 years	18	12
More than 5 years	85	58
Missing	9	
How many clients are you currently treating (i.e., your caseload)?		
1 to 10 clients	59	41
11 to 20 clients	28	19
21 to 30 clients	11	8
31 to 40 clients	15	10
More than 40 clients	32	22
Missing	11	

Conclusion

The Addiction Research Institute has created and implemented a system of quality enhancement for the NorthSTAR network that centers around three survey instruments—Survey of Organizational Functioning (SOF), Client Evaluation of Self and Treatment (CEST), and Program Training Needs (PTN). The output generated as a result of these surveys will provide information that may be used by agency directors to guide process improvement.

For the purpose of this project only chemical dependency/substance abuse and dual diagnoses programs were invited to participate. Although some of the surveys' items are specific to chemical dependence/substance abuse issues, minor alterations would make the instruments applicable for the broad spectrum of behavioral healthcare service programs.

Submission of this final report signifies the final activity associated with Contract ID 04-0315.

Technical: Specific Project Steps and Procedures

Provider Input: In order to better understand the needs and preferences of the organizations in the network, a workgroup comprised of agency directors was recruited to provide advice for project planning and implementation. The following agency directors assisted in this capacity:

> Beth Epps, Adapt
> Leslie Adkins, Avenues Counseling Center
> Douglas Denton, Homeward Bound
> Linda McKinney, LifeNet Community Behavioral Healthcare
> Stacey Burns, Nexus Recovery Center

Several work sessions, via teleconference, were conducted to define and refine the data collection methodology that was used for the project. This group provided important guidance and recommendations to improve data collection and feedback processes.

Of particular concern, from the onset of the project, was devising a data collection protocol that would be applicable within diverse settings. The workgroup addressed this issue and facilitated the development of a methodology that could be applied to all sites regardless of size or modality. The input of the workgroup was pivotal to the success of this project.

Pilot Phase: In order to test and further refine our final data collection procedure, the methodology devised with Workgroup assistance was tested at two agencies: LifeNet Community Behavioral Healthcare and Homeward Bound. The procedures for the pilot phase are outlined as follows:

1. Preparation of Instruments and Data Collection Technology:

   - Survey of Organizational Functioning (SOF)

     Modifications: Twelve items that were not needed for any single scale were eliminated for this project. Other items not necessary for analyses and feedback were also deleted (see Appendix J)

     Administration: An on-line version of the SOF was created using online research survey software and hosting service. Instructions for accessing the SOF online were provided to each clinical care staff member. One week was allowed for survey completion.

   - Client Evaluation of Self and Treatment (CEST)

     Modifications: There exists the possibility that some of the psychological functioning and social functioning information contained in the CEST is collected by other instruments that the sites may be using. In this event, the CEST may not make a unique contribution for those scales and may, therefore, not be needed in a given program. To assess the utility of each alternative, half of the participants completed the full version of the CEST and half completed a shortened version of the CEST (see Appendix K). Time for completion was noted for all respondents.

     Administration: During a three-day period, each counselor at each pilot site had the clients in their group complete the CEST. The CEST forms were arranged so that clients randomly received either the full or the shortened version of the CEST.

2. On-site Procedures for the Pilot Sites (Including Interviews):

   - SOF:

     ➢ Two counseling staff members were asked to participate in a qualitative evaluation of the SOF. These staff members met individually with a researcher and were invited to talk about their understanding of each survey item and to verbalize their cognitive processes from the time of reading the question to selecting an answer (think-aloud protocol).

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> For the administration of the surveys, a staff liaison from each site was responsible for distributing written instructions for accessing and completing the SOF online. The instructions included a contact person, telephone number, and email address in the event the respondent experienced any problems with the online survey. Clinical care staff had a seven-day period during which to complete the survey.

- CEST:

  > Two clients from each site were selected for a qualitative evaluation of the CEST. These clients were nominated and recruited by their counselors. Clients met individually with a researcher. Participants were invited to talk about their understanding of each item and to verbalize their cognitive processes from the time of reading the question to selecting an answer (think-aloud protocol).

  > At each site, the researchers distributed a pre-arranged bundle of CEST forms. The forms were arranged so that approximately half of the respondents were given a full version of the survey and half were given a shortened version. No clients indicated that he or she had any reading difficulties. Focus groups were convened following the administration of both forms of the CEST. The focus group of clients completing the shorter version of the CEST met separately from the focus group of clients who completed the full version of the CEST.

3. Data Processing and Analysis:

Contractor collected, coded, and stored data in a secure computer and ensured the privacy and confidentiality of all information.

- SOF: Since administration of the SOF was online, the data entered by participants needed only to be downloaded from the secure website. Once the data had been cleaned, descriptive statistics were produced. Tables and graphic displays were produced to summarize the results. The sites' results were compared to overall State data on the same instrument. Contractor monitored participation rates and provided the organizational managers with aggregate information about the total number of staff who responded.

- CEST: The data were collected via paper-and-pencil forms of the survey. Once the data had been cleaned, descriptive statistics were produced. Tables and graphic displays were produced summarizing the results. Further, the sites' results were compared to overall State data on the same instrument.

4. Data Feedback and Consultation:

   Contractor provided individual consultations to the pilot site managers and supervisors for interpreting results and identifying potential responsive strategies based on information obtained. Input from the directors was encouraged and used to finalize data collection procedures.

Feedback and Determinations Resulting from the Pilot Phase:

1. Both sites reported that all data collection went smoothly and they received no negative feedback from clients or staff.

2. The pilot sites did not agree on which version of the CEST (full or abbreviated) they found most useful. Our data indicated that the shorter version takes roughly 4-5 minutes less time than the longer version.

   DETERMINATION: Originally project staff planned to allow each site the option to do the CEST version they feel would be most helpful for them. After initial contact with the participating agencies, however, it was decided that project staff would permit them to use the full version so that they could view the output and make a more informed decision for the next administration.

3. The "services" section of the CEST appeared problematic as evidenced by poor response rates during the pilot phase (approx. 41% to 83%). In spite of spotty participation, both sites agreed that the "services" section of the CEST provides useful information.

   DETERMINATION: Project staff re-worked the services section into a user-friendly, less-complicated format. This new format was used for the full roll-out implementation.

4. The pilot sites agreed that instruction should be provided to sites concerning how to administer CEST to clients with low literacy.

5. The pilot sites were split on who should comprise the comparison group (State or NorthSTAR) for the SOF.

   DETERMINATION: Use of NorthSTAR as the comparison group would be more relevant for purposes of the present project. It was decided to present the NorthSTAR comparison data as well as include a reference table with statewide comparison data.

6. The pilot sites agreed that the comparison group for the CEST will be the NorthSTAR group.

DETERMINATION: Use of NorthSTAR as the comparison group would be more relevant for our purpose. The contractor will provide the State means to sites if they are interested.

7. The sites agreed that periodic feedback provided to managers concerning response rates of site staff during SOF data collection period was helpful.

   DETERMINATION: Project staff agreed to continue to provide this service in connection with the full implementation.

8. Both pilot sites reported that output formats were easy to comprehend and were useful.

Full-Scale Rollout: In preparation for the full-scale rollout, the Department of State Health Services (DSHS) and the contractor agreed upon the following:

- Project staff will not be collecting any client-identifying information. It will not be possible, therefore, to use CEST scores to conduct analyses to predict client outcomes.

- Only sites treating chemical dependency/substance abuse, or dual diagnoses were included in the process. Only cd/sa NorthSTAR clients and staff who treat NorthSTAR clients will be surveyed.

Project staff introduced the Feedback for Quality Improvement project at a ValueOptions meeting of chemical dependency providers on June 16th. Copies of the surveys and a schedule of data collection activities were provided to all in attendance.

Data collection for all chemical dependency service providers within the NorthSTAR network began on June 27th with the online administration of the Survey of Organizational Functioning (SOF). The data collection effort ended on September 21st with the online administration of the Program Training Needs (PTN) survey.

- **Survey of Organizational Functioning (SOF):** The data collection for the SOF began on June 27th and was originally scheduled to continue through July 6th. Instructions for accessing the survey and administration dates were distributed to agency liaisons via email communication (see Appendix L). Response rates during the intended administration period, however, appeared to be affected by the July 4th holiday. An extension though the end of Friday, July 8th was announced. Response rates continued to struggle, unfortunately. Beginning the morning of July 8th, the contractor in conjunction with Sandy Potter, Clinical Director of ValueOptions, initiated an email campaign with hopes of motivating survey completion. This effort was to no avail. As of the morning of Monday, July 11th there were no additional surveys completed. A telephone campaign was begun the morning of the 11th with calls being placed on behalf of the contractor and ValueOptions. Some agencies responded to the call for completion while others did not. Rigorous efforts, via telephone and email, were made to encourage survey completion. The administration was finally terminated the end of the business day Wednesday, July 13th. Survey results were disseminated to agency directors via email on August 8th.

  Note: At termination of data collection, 15 program sites had a staff participation rate of 100%, with an overall project coverage rate of 80% of all substance abuse counseling staff in participating NorthSTAR agencies.

- **Client Evaluation of Self and Treatment (CEST):** Pre-bundled client surveys in English and Spanish and administration instructions were delivered via Federal Express to each site on Wednesday, July 6th. Written instructions for administering the surveys and administration dates were included in the packet (see Appendix M). Contact was made or attempted with all agency directors within two days of delivery of survey packets. The directors with whom contact was made, were verbally instructed on the survey procedures and their questions and/or concerns were addressed. The survey administration officially began on Monday, July 11th and was scheduled to continue through Monday, July 18th. Federal Express pre-paid airbills were provided so that completed surveys could be returned expeditiously by July 22nd. The return of completed surveys was slow, however, and several directors communicated delays and difficulties affecting compliance (e.g., staffing difficulties, scheduling conflicts, client resistance). Surveys continued being accepted, therefore, until August 16th. Telephone and email communications were used extensively to communicate with directors regarding compliance rates, urgency, and final deadlines. Survey results were disseminated to agency directors via email on September 26th.

  Note: Response rates may be skewed due to the sites' original projections of client participants. For example, a site included in their initial estimates a program that was not active during the CEST administration. That being said, at termination of data collection, 7 program sites had a client participation rate of 100%, with an overall project coverage rate of 60% of all NorthSTAR substance abuse clients in participating agencies.

- **Program Training Needs (PTN) Survey:** The data collection for the PTN began on September 12th and was originally scheduled to continue through September 16th. Instructions for accessing the survey and administration dates were distributed to agency liaisons via email communication (see Appendix N).

  Project staff attended a ValueOptions chemical dependency provider meeting on September 15th. During the course of the meeting the progress and trajectory of the FQI project was reviewed. Several directors reported having been affected by Hurricane Katrina and its ancillary fallout. They requested that the PTN administration be extended through September 21st. This extension was granted.

  Note: At termination of data collection, 3 program sites had a staff participation rate of 100%, with an overall project coverage rate of 59% of all substance abuse counseling staff in participating NorthSTAR agencies.

Results of the PTN will be disseminated to agency directors by October 14th.

Due to the complications of staffing issues, holidays, and natural disasters, the original data collection timeline was altered. For a final schedule of activities, refer to Appendix O.

Appendix B

Summary of Workgroup Teleconference
February 10, 2005

Participants

        Doug Denton, Homeward Bound (pilot site)
        Beth Epps, Adapt (pilot site)
        Leslie Adkins, Avenues Counseling Center
        Linda McKinney, LifeNet (pilot site)
        Kelly Alanis, GCATTC

        Group members not in attendance:
            Becca Crowell, Nexus Recovery
            Dick Spence, GCATTC

Project Summary

        The general purpose of this study is to evaluate the treatment processes from client and staff perspectives. The SOF (formerly the Organizational Readiness for Change) and the CEST assess domains that are thought to contribute to client retention which is associated with abstinence from drugs and/or alcohol after treatment is completed. The goal is to obtain a snapshot of the treatment environment in "real time", while treatment is occurring, so that the quality of client care can be improved in real time.

        We will be piloting our data collection procedures for both the SOF and the CEST on the following three pilot sites: Homeward Bound, Adapt, and LifeNet.

        The focus of the current study is on chemical dependency service providers rather than mental health service providers. Beth Epps of Adapt reported concerns about being an appropriate pilot site since her organization does not provide CD treatment but facilitates it with other organizations for their clients.

Learning from Past Experience

        Since Doug Denton has previous experience with both the CEST and the SOF, we are in a unique position to learn from his prior encounters. He reported that there were really no problems with the administration of the SOF. He had two prior administrations of the SOF and shared how he increased his response rate from a meager few to a whopping 25. He said that in the last administration he attached a memo to the email with instructions on accessing the SOF online. The attached memo was addressed to a single respondent (rather than a blanket memo). In the memo, he explained the relevance of each staff member's participation and instructed each respondent to return this memo signed and with the date and time the survey was completed.

        In regards to the CEST, Doug said the survey was too long. He said some clients completed the survey in 20 minutes and others over an hour. The reading abilities of many clients were a poor match to the instrument resulting in further time demands and difficulties. Doug administered the survey in groups so that questions could be answered for everyone at one time rather than individually. He spoke with his staff about being objective in their explanations so as not to bias the results. There were many difficulties encountered even in this type of administration so he is hoping that this process can be streamlined and made more uniform.

Reading Difficulty

Since reading difficulty was acknowledged as a widespread problem faced by all workgroup participants, we explored the topic a bit. Workgroup participants reported that usually, clients self-report reading difficulties. Some of their materials are available in audio/video formats and facilitate participation with this subsection of their clientele. Assignments for these clients rather than written, are often artistic or verbal (e.g., rather than keeping a written journal, these clients are asked to audiotape their thoughts and feelings). When written materials are unavoidable, the reading issue is addressed with group work or the buddy system (e.g., one person reading the materials to another).

Instrument Reduction

We are interested in reducing the burden of respondents for both the CEST and the SOF. All items that do not tap into a domain of the SOF has been deleted. The demographic information requested on both instruments will be streamlined. During the pilot phase we will monitor the burden of the CEST in completion times. We wish to ascertain if domains should be eliminated or if each provides relevant and timely information for the sites. In short, the full instruments will be administered with decisions made prior to the full rollout of data collection procedures as to eliminating domains on either or both of the instruments.

Selection of Unit/Participants

Kelly Alanis suggested that each pilot site select a unit to participate in the pilot study. She explained that we did not want to unduly burden all of their units since they would all be participating in the full-scale data collection in June. She asked that each pilot group representative think about which unit they wished to participate and to provide her with that information as soon as possible.

Also discussed was which staff members should take the SOF. Kelly explained that TCU stated that "clinical care" staff should complete the survey but that each site determined what "clinical care" staff meant to them. She explained that in past administrations some sites had administered the survey to only counselors while others chose to include administration and nursing. Doug offered that he had counselors, counselor interns, clinical director, program director, and nursing staff complete the survey previously.

<div align="center">

CEST Pilot Procedures

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- **Paper and Pencil Administration**
- **Sample Size:** Since the procedure rather than the data is the focus of the pilot phase, only a minimum of 10 clients will be needed from each site.
- **3-Day Data Collection:** In order to obtain at least 10 clients, the group agreed that a 3-day data collection period should be more than generous. Kelly asked how best to select and administer the CEST (e.g., every other client a counselor sees, one client every two hours, etc.) and Doug suggested that the data could be collected from a single therapeutic group. Instead of traditional group work the instrument could be administered. This would bypass the problem of having clients arrive early for or stay late after their appointment (if outpatient). An alternative activity would need to be prepared for those clients who opt out of participating in the survey.
- **Letter of Intent of Survey:** It is imperative that this be very simply written.

- **Timing CEST:** It was suggested that approximate times for completion could be monitored by having clients sign out when they complete and turn in the instrument. The start time would be uniform and would be noted by the facilitator.
- **Think-alouds:** Kelly would like to conduct cognitive interviews or think-alouds with clients from each pilot site. The goal is to gain better understanding of how the CEST is interpreted and received by clients. The interviews can be completely anonymous but will be recorded. The workgroup felt there would be no problem recording the sessions and suggested that we provide incentives to participants. The clients selected for these interviews will not be clients who will be completing the CEST as part of the routine data collection. The pilot site representatives said providing space for the one-on-one interview would be no problem.
- **FedEx:** Returning the surveys via FedEx is not a problem.

SOF Pilot Procedures

- **Online Administration**
- **Timing SOF:** Kelly reported that the web survey host cannot currently time respondents on the survey. We would like to get approximate completion times in order to evaluate the burden of the instrument. Kelly asked if the workgroup members thought it feasible and not too strange to ask respondents to report their approximate times for survey completion. The group thought that would be fine. A final question will be added to the SOF asking respondents how long it took them to complete the survey.
- **One Week Data Collection:** It was agreed that the survey would be available beginning Feb. 17th and will remain available until Feb. 24th. Kelly will provide a letter with instructions for accessing the SOF online that pilot site representatives will distribute to participants.
- **Think-alouds:** Kelly will conduct cognitive interviews with two staff members from each site. These participants will not be among those taking the SOF as part of pilot data collection. These interviews will be recorded. Since the SOF is taken online, the interview should be conducted at a computer workstation so the survey can be accessed. Pilot site representatives said finding a private area with a workstation would be no problem.

Appendix C

Summary of Workgroup Teleconference
February 24, 2005

Participants

     Doug Denton, Homeward Bound (pilot site)
     Beth Epps, Adapt
     Linda McKinney, LifeNet (pilot site)
     Stacey Burns, Nexus
     Dick Spence, GCATTC
     Kelly Alanis, GCATTC

     Group members not in attendance:
     Leslie Adkins, Avenues Counseling Center

Recap of the SOF

     The deadline for data collection on the SOF is midnight tonight. There are just a couple of staff members who have yet to complete the survey. Linda and Doug reported that their staff members were generally commenting that the survey was not taking long to complete. Linda said one of her staffers reported a 12 minute completion. Doug said that one of his staff members called the survey "fun". Another of Doug's staffers who had completed the SOF previously said that it took far less time this time than last.

CEST

Two Forms of the CEST

     The GCATTC members recommended a revised procedure for administering the CEST. In order to assess burden (in time) associated with the instrument, they proposed having two forms of the CEST, the full version and the full version less the psychological functioning domain. With the two-pronged administration, the importance of the summary outcomes can be weighed more realistically against the burden of the instrument. The pilot site representatives said this would be no problem, but requested that the two administrations be done at the same time (i.e., an intact therapeutic group would be split into two random groups).

Focus Groups

     An additional revision was proposed. In order to gain more qualitative information concerning the CEST, the GCATTC would like to conduct a focus group following the administration of the survey. The focus groups would be expected to take roughly 30 minutes which, with allowing for up to one hour for everyone to complete the survey, would mean a commitment of approximately 1.5 hours from the CEST respondents. Pilot site representatives said respondents should be amenable to this if lunch is provided for them. Dick Spence agreed that we would provide lunch for all groups.

     For the pilot study, representatives from the GCATTC will conduct the survey administration and the focus groups. Kelly Alanis asked if the workgroup members felt that a counselor (someone with whom all the clients were familiar) should be present for the data

collection. The workgroup felt that the "familiar" face would be useful in the beginning but only to introduce the project and the GCATTC facilitators, and to turn things over to the facilitators.

Cognitive Interview Incentives

Incentives were discussed for the cognitive interviews. It was agree that since the interviews should not exceed one hour, a $20 incentive should prove sufficient.

Agenda

Pilot sites were asked when in the next few weeks would be convenient for data collection. Doug Denton suggested March 17th. It was agreed that the data collection would take place on March 17th and 18th and will follow the following rough agenda:

March 17th   ***Homeward Bound***
    a.m.   administration of CEST
        focus group
    incentive lunch
    p.m.   cognitive interviews of clients
        cognitive interviews of staff

March 18th   ***LifeNet Community Behavioral Healthcare***
    a.m.   cognitive interviews of clients
        cognitive interviews of staff
    incentive lunch
    p.m.   administration of CEST
        focus group

Appendix D

Summary of Workgroup Teleconference
June 13, 2005

Participants
> Doug Denton, Homeward Bound (pilot site)
> Leslie Adkins, Avenues Counseling Center
> Dick Spence, GCATTC
> Kelly Alanis, GCATTC
> Michelle Steinley-Bumgarner (taking notes), GCATTC

> *Group members not in attendance:*
> > Stacey Burns, Nexus Recovery
> > Linda McKinney, LifeNet (pilot site)

Group Administration of CEST
The GCATTC members reported that the pilot phase of the project revealed that group administration works best, and clarified that the intended participants would be clients with a CD or dual diagnosis. Both Doug and Leslie indicated that group administration would work well for them.

Administering CEST to Clients with Low Literacy
GCATTC members suggested that if clients with low literacy could be identified, perhaps they could be assisted individually or in a smaller, homogenous group administration with a designated staff member. Doug explained that individuals requiring assistance are usually known to staff from prior form completion tasks, so pulling these clients from group would not be challenging.

Administering CEST to Spanish-speaking Clients
Similar to low literacy needs, Spanish-speaking clients would receive individual or smaller, homogenous group administrations.

Spanish versions of the CEST will be included with bundles. Doug suggested he could provide estimates of how many Spanish CESTs he would need, if given at least a week's advance notice.

Youth and Adult Participants
GCATTC members indicated that both adolescent and adult clients would be included in the CEST administration.

Bundles will be coded for Youth or Adult.

Duration of Administration Periods
Leslie indicated that one week would be a sufficient administration period to reach the majority of her clients. She also suggested that shortening the administration to one week would lessen the burden on staff. Doug agreed.

Duplicates
The issue of clients completing the CEST more than once during an administration period was introduced. A linking code was suggested as a possible way to avoid duplicate administrations. Doug proposed that providers could adequately ensure against duplication without using a linking code. Further, Leslie reported uncertainty about whether clients could reliably complete the linking code questions.

Bundling
Following the TCU protocol, GCATTC will send bundled surveys to providers with agency name, unit ID, and youth /adult pre-coded on each survey. Providers will be asked to indicate administration type: group, individual, low literacy small group or individual, or Spanish-speaking small group or individual. Leslie mentioned that she would rather receive unbundled surveys and have her staff code, as needed.

"Services" Section of CEST
GCATTC members will re-send Option 3 version of "Services" section to workgroup for feedback.

Timeline for Full Rollout
Tentatively, GCATTC plans:

June 14 – June 21	Contact agencies regarding SOF administration
June 22 – June 29	SOF administration
	Bundle CESTs
June 29	Mail CESTs
July 5 – July 8	Contact agencies regarding CEST administration
July 11 – July 18	CEST administration
August 1 – August 5	Contact agencies regarding PTN administration
August 8 – August 12	PTN administration

Survey of Organizational Functioning (Online Format)

NorthSTAR FQI SOF

INFORMED CONSENT TO PARTICIPATE IN RESEARCH

The University of Texas at Austin, Addiction Research Institute

You are being asked to participate in a quality improvement research study. This page provides you with information about the study. *You may print this page by simply hitting Ctrl-P (on an IBM) or Open-Apple-P (on a MAC).*

PURPOSE:

The goal of this project is to help improve treatment processes and organizational functioning. This research will develop an assessment and information system for addiction treatment providers that will monitor organizational attributes and identified training needs and link these factors to client outcomes and program changes over time.

NorthSTAR contracted substance abuse providers and their clinical care staff are invited to participate in this assessment. This survey contains questions describing your program on measures such as organizational climate, program philosophy, and available resources, and yourself in terms of personal attributes such as self-confidence, risk tolerance, and professional commitment.

Participation in this study is entirely voluntary. If you wish to stop your participation in this research study for any reason, you can exit from the web-based application. You are free to refuse to be in the study, and your refusal will not influence current or future relationships with the University of Texas at Austin, the Department of State Health Services, NorthStar, or DANSA.

BENEFITS:

Agencies participating in this research project will receive summary feedback based on findings from the questionnaire described above.

RISKS:

No physical risks are involved in this project, and it is not anticipated that any of the questions on the survey will cause embarrassment or emotional discomfort. We request that you answer all questions as honestly as you can; however, if you are not comfortable answering certain questions, you may skip over them.

CONFIDENTIALITY

You will be asked to create your own anonymous linkage code. This code will be used to match data from different evaluation forms without using your name or information that can identify you. To further protect your anonymity, no signed consent will be required. Instead, you are asked to indicate your consent by clicking on the button at the bottom of this page. You will not be able to continue with the survey unless you have so indicated.

If you have any questions about this survey you may call the Principal Investigator, Richard Spence, Ph.D., at the University of Texas Addiction Research Institute, 512/ 232-0608. In addition, if you have questions about your rights as a research participant, please contact Clarke A. Burnham, Ph.D., Chair, The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects, 512/232-4383.

You may print this page by simply hitting Ctrl-P (on an IBM) or Open-Apple-P (on a MAC).

PARTICIPATION IS VOLUNTARY:

If you have read and understand the above statements, please click on the 'Continue' button below to indicate your consent to participate in this study.

*1) Do you provide clinical direct care to NorthSTAR clients?

◯ Yes

◯ No (I will now discontinue the survey)

This survey asks questions about how you see yourself as a professional and how you see your program. Please mark your answers by clicking on the appropriate circle or by selecting an option from the pull-down menu. If you do not feel comfortable responding to a particular statement, you may skip it and move on to the next statement - except when an answer is required as indicated by a red asterisk.

The next five questions create an Anonymous Linkage Code which will allow information you give now to be "linked" to your responses to similar questions you may be asked later.

*2) First letter in your mother's FIRST name:

-Select-

*3) FIRST digit in your social security number:

-Select-

*4) First letter in your father's FIRST name:

-Select-

*5) LAST digit of your social security number:

-Select-

*6) Your four digit birth year:

Tell us about yourself...

7) Please indicate your gender.

☐ Male

☐ Female

8) Are you Hispanic or Latino?

◯ Yes

◯ No

9) What race do you consider yourself? [MARK ALL THAT APPLY]

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☐ American Indian
☐ Alaska Native
☐ Asian American
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White or Caucasian
☐ Other (Please Specify)

10) What is your highest level of educational attainment? [PLEASE MARK ONLY ONE]
○ Did not graduate from high school
○ High school diploma or GED
○ Some college, no degree
○ Associate's degree
○ Bachelor's degree
○ Master's degree
○ Doctorate
○ Doctor of medicine
○ Other (Please Specify)

11) Please indicate your professional credentials below [MARK ALL THAT APPLY]
☐ Licensed Chemical Dependency Counselor
☐ Other Licensed Professional (LPC, LMSW, etc.)
☐ LCDC Intern
☐ Counseling Intern
☐ Other (Please Specify)

12) How many years of experience do you have in drug abuse counseling?

13) Please indicate your professional credentials below [MARK ALL THAT APPLY]
○ Licensed Chemical Dependency Counselor
○ Other Licensed Professional (LPC, LMSW, etc.)
○ LCDC Intern
○ Counseling Intern
○ Other (Please Specify)

14) How many clients are you currently treating (i.e., your caseload)?

*15) What categories of NorthSTAR clients do you work with? [MARK ALL THAT APPLY]
○ Substance Abuse
○ Mental Health
○ Co-occuring (Substance Abuse and Mental Health)
○ Other (Please Specify)

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*16) Please select the drug treatment unit at which you are employed.

- ○ Addicare Group of Texas
- ○ Avenues Counseling Center
- ○ Counseling Center of Ellis County
- ○ First Step Counseling, Sunset Ave.
- ○ First Step Counseling, Midway Rd.
- ○ First Step Counseling, Park Blvd.
- ○ Gateway Foundation, Help Is Possible
- ○ Green Villa, IH 30 East
- ○ Green Villa, Wesley St.
- ○ Holmes Street Foundation, Holmes St.
- ○ Holmes Street Foundation, MLK Jr. Blvd.
- ○ La Sima Foundation, Inc
- ○ Lakes Regional MHMR Center, Greenville
- ○ Lakes Regional MHMR Center, Terrell
- ○ Life Management Resources
- ○ LifeNet Community Behavioral Healthcare
- ○ Phoenix House
- ○ Recovery Healthcare Corporation, Dallas
- ○ Recovery Healthcare Corporation, Collin County
- ○ Remedy Addictions Counselors, Irving
- ○ Remedy Addictions Counselors, Dallas
- ○ Solace Counseling Associates
- ○ St. Joseph Adolescent & Family Services
- ○ The Road to Recovery
- ○ Turtle Creek Manor
- ○ West Texas Counseling & Rehabilitation Program of Dallas
- ○ West Texas Counseling & Rehabilitation Program of Irving
- ○ West Texas Counseling & Rehabilitation Program of Plano
- ○ Other (Please Specify)

*17) Please provide the street address for the drug treatment unit at which you are employed.

--Page Break--

Please indicate how strongly you <u>agree</u> or <u>disagree</u> with each of the following statements?

Your <u>program needs additional guidance</u> in-

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
18)	assessing client needs	○	○	○	○	○
19)	matching needs with services	○	○	○	○	○
20)	increasing program participation by clients	○	○	○	○	○

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		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
21)	measuring client performance	○	○	○	○	○
22)	developing more effective group sessions	○	○	○	○	○
23)	raising overall quality of counseling	○	○	○	○	○
24)	using client assessments to guide clinical and program decisions	○	○	○	○	○
25)	using client assessments to document program effectiveness	○	○	○	○	○

You need more training for-

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
26)	assessing client problems and needs	○	○	○	○	○
27)	increasing client participation in treatment	○	○	○	○	○
28)	monitoring client progress	○	○	○	○	○
29)	improving rapport with clients	○	○	○	○	○
30)	improving client thinking and problem solving skills	○	○	○	○	○
31)	improving behavioral management of clients	○	○	○	○	○
32)	improving cognitive focus of clients during group counseling	○	○	○	○	○
33)	using computerized client assessments	○	○	○	○	○

Current _pressures_ to make program changes come from-

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
34)	clients in the program	○	○	○	○	○
35)	program staff members	○	○	○	○	○
36)	program supervisors or managers	○	○	○	○	○
37)	agency board members	○	○	○	○	○
38)	community action groups	○	○	○	○	○
39)	funding and oversight agencies	○	○	○	○	○
40)	accreditation or licensing authorities	○	○	○	○	○

How strongly do you _agree_ or _disagree_ with each of the following statements?

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
41)	Your offices and equipment are adequate.	○	○	○	○	○
42)	You have the skills needed to conduct effective group counseling.	○	○	○	○	○
43)	Some staff get confused about the main goals for this program.	○	○	○	○	○

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
44)	Staff here all get along very well.	○	○	○	○	○
45)	Program staff understand how this program fits as part of the treatment system in your community.	○	○	○	○	○
46)	Treatment planning decisions for clients here often have to be revised by a counselor supervisor.	○	○	○	○	○
47)	Staff training and continuing education are priorities at this program.	○	○	○	○	○
48)	Facilities here are adequate for conducting group counseling.	○	○	○	○	○

--------------------------------------Page Break--------------------------------------

How strongly do you _agree_ or _disagree_ with each of the following statements?

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
49)	You frequently share your knowledge of new counseling ideas with other staff.	○	○	○	○	○
50)	You used the Internet (World Wide Web) to communicate with other treatment professionals (e.g., list serves, bulletin boards, chat rooms) in the past month.	○	○	○	○	○
51)	Management here fully trusts your professional judgement.	○	○	○	○	○
52)	There is too much friction among staff members.	○	○	○	○	○
53)	Ideas and suggestions from staff get fair consideration by program management.	○	○	○	○	○
54)	Staff generally regard you as a valuable source of information.	○	○	○	○	○
55)	You have easy access for using the Internet at work.	○	○	○	○	○
56)	The staff here always work together as a team.	○	○	○	○	○

How strongly do you _agree_ or _disagree_ with each of the following statements?

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
57)	Client assessments here are usually conducted using a computer.	○	○	○	○	○
58)	Your duties are clearly related to the goals of the program.	○	○	○	○	○
59)	You learned new skills or techniques at a professional conference in the past year.	○	○	○	○	○
60)	You consistently plan ahead and carry out your plans.	○	○	○	○	○
61)	You are under too many pressures to do your job effectively.	○	○	○	○	○

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
62)	Counselors here are given broad authority in treating their own clients.	○	○	○	○	○
63)	This program encourages and supports professional growth.	○	○	○	○	○
64)	You read about new techniques and treatment information each month.	○	○	○	○	○

How strongly do you agree or disagree with each of the following statements?

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
65)	Staff here are always quick to help one another when needed.	○	○	○	○	○
66)	Computer problems are usually repaired promptly at this program.	○	○	○	○	○
67)	Novel treatment ideas by staff are discouraged.	○	○	○	○	○
68)	There are enough counselors here to meet current client needs.	○	○	○	○	○
69)	The budget here allows staff to attend professional conferences each year.	○	○	○	○	○
70)	You have enough opportunities to keep your counseling skills up-to-date.	○	○	○	○	○
71)	Mutual trust and cooperation among staff in this program are strong.	○	○	○	○	○
72)	Most client records here are computerized.	○	○	○	○	○

How strongly do you agree or disagree with each of the following statements?

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
73)	You are willing to try new ideas even if some staff members are reluctant.	○	○	○	○	○
74)	Learning and using new procedures are easy for you.	○	○	○	○	○
75)	This program operates with clear goals and objectives.	○	○	○	○	○
76)	Staff members often show signs of stress and strain.	○	○	○	○	○
77)	You usually accomplish whatever you set your mind on.	○	○	○	○	○
78)	It is easy to change procedures here to meet new conditions.	○	○	○	○	○
79)	Counselors here often try out different techniques to improve their effectiveness.	○	○	○	○	○
80)	You used the Internet (World Wide Web) to access drug treatment information in the past month.	○	○	○	○	○

How strongly do you <u>agree</u> or <u>disagree</u> with each of the following statements?

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
81)	The formal and informal communication channels here work very well.	○	○	○	○	○
82)	Offices here allow the privacy needed for individual counseling.	○	○	○	○	○
83)	You are sometimes too cautious or slow to make changes.	○	○	○	○	○
84)	Staff members are given too many rules here.	○	○	○	○	○
85)	Program staff are always kept well informed.	○	○	○	○	○
86)	The heavy workload here reduces program effectiveness.	○	○	○	○	○
87)	You regularly read professional journal articles or books on drug abuse treatment.	○	○	○	○	○
88)	Other staff often ask your advice about program procedures.	○	○	○	○	○
89)	More open discussions about program issues are needed here.	○	○	○	○	○

How strongly do you <u>agree</u> or <u>disagree</u> with each of the following statements?

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
90)	This program holds regular inservice training.	○	○	○	○	○
91)	You frequently hear good staff ideas for improving treatment.	○	○	○	○	○
92)	Other staff often ask for your opinions about counseling and treatment issues.	○	○	○	○	○
93)	You are effective and confident in doing your job.	○	○	○	○	○
94)	You have a computer to use in your personal office space at work.	○	○	○	○	○
95)	Some staff here do not do their fair share of work.	○	○	○	○	○
96)	A larger support staff is needed to help meet program needs.	○	○	○	○	○
97)	The general attitude here is to use new and changing technology.	○	○	○	○	○
98)	You do a good job of regularly updating and improving your skills.	○	○	○	○	○

How strongly do you __agree__ or __disagree__ with each of the following statements?

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
99)	Staff members always feel free to ask questions and express concerns in this program.	○	○	○	○	○
100)	You have the skills needed to conduct effective individual counseling.	○	○	○	○	○
101)	Staff frustration is common here.	○	○	○	○	○
102)	Management here has a clear plan for this program.	○	○	○	○	○
103)	You often influence the decisions of other staff here.	○	○	○	○	○
104)	You have convenient access to e-mail at work.	○	○	○	○	○
105)	You are encouraged here to try new and different techniques.	○	○	○	○	○
106)	You are able to adapt quickly when you have to shift focus.	○	○	○	○	○

How strongly do you __agree__ or __disagree__ with each of the following statements?

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
107)	You are viewed as a leader by other staff here.	○	○	○	○	○
108)	Computer equipment at this program is mostly old and outdated.	○	○	○	○	○
109)	This program provides a comfortable reception/waiting area for clients.	○	○	○	○	○
110)	Staff here feel comfortable using computers.	○	○	○	○	○
111)	Frequent staff turnover is a problem for this program.	○	○	○	○	○
112)	Counselors here are able to spend enough time with clients.	○	○	○	○	○
113)	Support staff here have the skills they need to do their jobs.	○	○	○	○	○
114)	Clinical staff here are well-trained.	○	○	○	○	○
115)	More computers are needed in this program for staff to use.	○	○	○	○	○

116) Please estimate the number of minutes it has taken you to complete this survey.

Thank you very much for your thoughtful responses. We value your input.

Appendix F

Program Training Needs (Online Format)

NorthSTAR PTN

INFORMED CONSENT TO PARTICIPATE IN RESEARCH

The University of Texas at Austin, Addiction Research Institute

You are being asked to participate in a quality improvement research study. This page provides you with information about the study. *You may print this page by simply hitting Ctrl-P (on an IBM) or Open-Apple-P (on a MAC).*

PURPOSE:

The goal of this project is to help improve treatment processes and organizational functioning. This research will develop an assessment and information system for addiction treatment providers that will monitor organizational attributes and identified training needs and link these factors to client outcomes and program changes over time.

NorthSTAR contracted substance abuse providers and their clinical care staff are invited to participate in this assessment. This survey contains questions describing your program on measures such as organizational climate, program philosophy, and available resources, and yourself in terms of personal attributes such as self-confidence, risk tolerance, and professional commitment.

Participation in this study is entirely voluntary. If you wish to stop your participation in this research study for any reason, you can exit from the web-based application. You are free to refuse to be in the study, and your refusal will not influence current or future relationships with the University of Texas at Austin, the Department of State Health Services, NorthStar, or DANSA.

BENEFITS:

Agencies participating in this research project will receive summary feedback based on findings from the questionnaire described above.

RISKS:

No physical risks are involved in this project, and it is not anticipated that any of the questions on the survey will cause embarrassment or emotional discomfort. We request that you answer all questions as honestly as you can; however, if you are not comfortable answering certain questions, you may skip over them.

CONFIDENTIALITY

You will be asked to create your own anonymous linkage code. This code will be used to match data from different evaluation forms without using your name or information that can identify you. To further protect your anonymity, no signed consent will be required. Instead, you are asked to indicate your consent by clicking on the button at the bottom of this page. You will not be able to continue with the survey unless you have so indicated.

If you have any questions about this survey you may call the Principal Investigator, Richard Spence, Ph.D., at the University of Texas Addiction Research Institute, 512/ 232-0608. In addition, if you have questions about your rights as a research participant, please contact Clarke A. Burnham, Ph.D., Chair, The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects, 512/232-4383.

You may print this page by simply hitting Ctrl-P (on an IBM) or Open-Apple-P (on a MAC).

PARTICIPATION IS VOLUNTARY:

If you have read and understand the above statements, please click on the 'Continue' button below to indicate your consent to participate in this study.

--------------------------------------Page Break--------------------------------------
This survey is intended for clinical direct care

staff who work with NorthSTAR clients.

*1) Do you provide clinical direct care to NorthSTAR clients?
    ◯ Yes
    ◯ No (I will now discontinue the survey.)

This survey asks questions about your training needs and the resources available within your program. Please mark your answers by clicking on the appropriate circle or by selecting an option from the pull-down menu. If you do not feel comfortable responding to a particular statement, you may skip it and move on to the next statement - except when an answer is required as indicated by a red asterisk.

The next five questions create an Anonymous Linkage Code which will allow information you give now to be "linked" to your responses to similar questions you may be asked later.

*2) First letter in your mother's FIRST name:
    -Select-

*3) FIRST digit in your social security number:
    -Select-

*4) First letter in your father's FIRST name:
    -Select-

*5) LAST digit of your social security number:

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*6) Your four digit birth year:

--Page Break--

Tell us about yourself...

7) Please indicate your gender.
- ○ Male
- ○ Female

8) Are you Hispanic or Latino?
- ○ Yes
- ○ No

9) What race do you consider yourself? [MARK ALL THAT APPLY]
- ☐ American Indian
- ☐ Alaska Native
- ☐ Asian American
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White or Caucasian
- ☐ Other (Please Specify)

10) What is your highest level of educational attainment? [PLEASE MARK ONLY ONE]
- ○ Did not graduate from high school
- ○ High school diploma or GED
- ○ Some college, no degree
- ○ Associate's degree
- ○ Bachelor's degree
- ○ Master's degree
- ○ Doctorate
- ○ Doctor of medicine
- ○ Other (Please Specify)

11) Please indicate your professional credentials below [MARK ALL THAT APPLY]
- ☐ Licensed Chemical Dependency Counselor
- ☐ Other Licensed Professional (LPC, LMSW, etc.)
- ☐ LCDC Intern
- ☐ Counseling Intern
- ☐ Other (Please Specify)

12) How many clients are you currently treating (i.e., your caseload)?

13) What categories of NorthSTAR clients do you work with? [MARK ALL THAT APPLY]
☐ Substance Abuse
☐ Mental Health
☐ Co-occuring (Substance Abuse and Mental Health)
☐ Other (Please Specify)

-------------------------------------Page Break-------------------------------------

*14) Please select the drug treatment unit at which you are employed.
○ Addicare Group of Texas
○ Avenues Counseling Center
○ Counseling Center of Ellis County
○ First Step Counseling, Sunset Ave.
○ First Step Counseling, Midway Rd.
○ First Step Counseling, Park Blvd.
○ Gateway Foundation, Help Is Possible
○ Green Villa, IH 30 East
○ Green Villa, Wesley St.
○ Holmes Street Foundation, Holmes St.
○ Holmes Street Foundation, MLK Jr. Blvd.
○ Homeward Bound
○ La Sima Foundation, Inc.
○ Lakes Regional MHMR Center, Greenville
○ Lakes Regional MHMR Center, Terrell
○ Life Management Resources
○ LifeNet Community Behavioral Healthcare
○ Nexus Recovery Center
○ Phoenix House
○ Recovery Healthcare Corporation, Dallas
○ Recovery Healthcare Corporation, Collin County
○ Remedy Addictions Counselors, Irving
○ Remedy Addictions Counselors, Dallas
○ Solace Counseling Associates
○ St. Joseph Adolescent & Family Services
○ The Road to Recovery
○ Turtle Creek Manor
○ West Texas Counseling & Rehabilitation Program of Dallas
○ West Texas Counseling & Rehabilitation Program of Irving
○ West Texas Counseling & Rehabilitation Program of Plano
○ Other (Please Specify)

*15) Unit STREET address:

*16) Unit CITY:

17) Unit STATE:

*18) Unit ZIP:

Number of years you have worked -

		1	2	3	4	5	6	7	8+
19)	in the drug treatment field?	○	○	○	○	○	○	○	○
20)	at this program?	○	○	○	○	○	○	○	○
21)	in your current position?	○	○	○	○	○	○	○	○

--------------------------------------Page Break--------------------------------------

Please indicate how strongly you _agree_ or _disagree_ with each of the following statements.

Facilities and Climate

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
22)	Offices, equipment, and supplies are adequate at your program.	○	○	○	○	○
23)	Your program has enough counselors and staff to meet current client needs.	○	○	○	○	○
24)	Your program has adequate resources for meeting most medical and psychiatric client needs.	○	○	○	○	○
25)	Most program staff feel positive and confident about the quality of services at your program.	○	○	○	○	○
26)	Your program has a secure future ahead.	○	○	○	○	○
27)	Program staff here get along very well.	○	○	○	○	○
28)	Program staff morale is very good.	○	○	○	○	○

Satisfaction with Training

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
29)	Good in-house (inservice) training is provided to program staff.	○	○	○	○	○
30)	You found good outside training events to attend last year.	○	○	○	○	○
31)	Your state-funded drug or alcohol agency provided good training in the past year.	○	○	○	○	○
	Regional authorities or groups (e.g., ATTC, ACA)					

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| 32) | provided good training in the past year. | ○ | ○ | ○ | ○ | ○ |

Training Content Preferences

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
33)	You want more scientific information on the neurobiology of addiction.	○	○	○	○	○
34)	More pharmacotherapy information and training are needed on new medications.	○	○	○	○	○
35)	Program staff needs sensitivity training for dealing with special populations.	○	○	○	○	○
36)	Program staff training is needed on ethics and confidentiality of information.	○	○	○	○	○
37)	Specialized training is needed for improving family involvement and related issues.	○	○	○	○	○
38)	Program staff training is needed on dual diagnoses and appropriate treatment.	○	○	○	○	○
39)	Training to use brief diagnostic screening tools would be helpful to program staff.	○	○	○	○	○
40)	Program staff needs to be trained to understand other staff functions (e.g., correctional officer duties).	○	○	○	○	○

---------------------------------------Page Break---------------------------------------

Please indicate how strongly you <u>agree</u> or <u>disagree</u> with each of the following statements.

Counseling staff needs training for -

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
41)	assessing client problems and needs.	○	○	○	○	○
42)	increasing client participation in treatment.	○	○	○	○	○
43)	monitoring client progress.	○	○	○	○	○
44)	improving rapport with clients.	○	○	○	○	○
45)	improving client thinking skills.	○	○	○	○	○
46)	improving client problem-solving skills.	○	○	○	○	○
47)	improving behavioral management of clients.	○	○	○	○	○
48)	improving cognitive focus of clients during group counseling.	○	○	○	○	○
49)	using computerized client assessments.	○	○	○	○	○
50)	working with staff in other units/agencies.	○	○	○	○	○

Training Strategy Preferences

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
51)	General introductory sessions on multiple topics is an effective workshop format.	○	○	○	○	○
52)	Intensive full-day training on special topics is an effective workshop format.	○	○	○	○	○
53)	A conceptual treatment process model documenting how treatment activities contribute to "recovery" would be helpful.	○	○	○	○	○
54)	Training workshops should be based on evidence-based interventions.	○	○	○	○	○
55)	Training workshops should be based on manual-guided interventions.	○	○	○	○	○
56)	Training workshops should include role playing and group activities.	○	○	○	○	○
57)	Telephone consultations following specialized training would be useful.	○	○	○	○	○
58)	Specialized training made available over the Internet would be useful.	○	○	○	○	○
59)	Exchanging ideas with other programs that have interests similar to yours would be helpful.	○	○	○	○	○
60)	On-site consultation following training would be helpful.	○	○	○	○	○

--------------------------------------Page Break--------------------------------------

Please indicate how strongly you **agree** or **disagree** with each of the following statements.

Computer Resources

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
61)	Most client records for this program are computerized.	○	○	○	○	○
62)	Program staff here feel comfortable using computers.	○	○	○	○	○
63)	More computer resources are needed here.	○	○	○	○	○
64)	Program staff here have easy access for using e-mail and the Internet at work.	○	○	○	○	○
65)	This program has policies that limit program staff access to the Internet and use of e-mail.	○	○	○	○	○

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Barriers to Training

		Disagree Strongly	Disagree	Uncertain	Agree	Agree Strongly
66)	The workload and pressures at this program keep motivation for new training low.	○	○	○	○	○
67)	The budget does not allow most program staff to attend professional conferences annually.	○	○	○	○	○
68)	Topics presented at recent training workshops and conferences have been too limited.	○	○	○	○	○
69)	The quality of trainers at recent workshops and conferences has been poor.	○	○	○	○	○
70)	Training activities take too much time away from delivery of program services.	○	○	○	○	○
71)	Training interests of program staff are mostly due to licensure or certification requirements.	○	○	○	○	○
72)	It is often too difficult to adapt things learned at workshops so they will work in this program.	○	○	○	○	○
73)	Limited resources (e.g., office space or budget) make it difficult to adopt new treatment ideas.	○	○	○	○	○
74)	The background and training of program staff limit the kind of treatment changes possible here.	○	○	○	○	○
75)	There are too few rewards for trying to change treatment or other procedures here.	○	○	○	○	○

Thank you very much for your participation. We value your input.

Client Evaluation of Self and Treatment

TCU/CEST Survey of Program Clients
Instruction Page

Please read each of the following statements about how you see yourself or your treatment in this agency. Indicate how strongly you AGREE or DISAGREE with the statement by filling in the appropriate circle. If you strongly disagree with the statement, fill in the circle under the "Disagree Strongly" column. If you disagree with the statement, but don't feel strongly about it, fill in the circle under the "Disagree" column. If you don't know whether you agree or disagree with the statement, fill in the circle below the "Uncertain" column. If you agree with the statement, but don't feel very strongly about it, fill in the circle below the "Agree" column. If you agree with the statement and feel strongly about it, fill in the circle under the "Agree Strongly" column. Please mark only one circle for each statement.

If you do not feel comfortable giving an answer to a particular statement, you may skip it and move on to the next statement.

The examples below show how to mark the circles --

For example -- ●

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
Person 1. I like chocolate ice cream.	○	●	○	○	○

This person disagrees a little so she probably doesn't like chocolate ice cream.

| **Person 2.** I like chocolate ice cream. .... | ○ | ○ | ○ | ○ | ● |

This person likes chocolate ice cream a lot.

| **Person 3.** I like chocolate ice cream. .... | ○ | ○ | ● | ○ | ○ |

This person is not sure if he likes chocolate ice cream or not.

TCU/CEST Survey of Program Clients

PLEASE FILL IN THE APPROPRIATE CIRCLES TO INDICATE YOUR GENDER, BIRTH YEAR, RACE/ETHNICITY, EDUCATION, AND HOW LONG YOU HAVE BEEN IN TREATMENT. THIS INFORMATION IS FOR DESCRIPTIVE PURPOSES ONLY.

Today's Date: ___ ___ ___
  MO DAY YR

Are you: ○ *Male*   ○ *Female*

Your Birth Year: 19 ____

Are you Hispanic or Latino?   ○ *No*   ○ *Yes*

Are you: [MARK ONE]
  ○ *American Indian/Alaska Native*
  ○ *Asian*
  ○ *Native Hawaiian or Other Pacific Islander*
  ○ *Black or African American*
  ○ *White*
  ○ *More than one race*
  ○ *Other (specify):* _____

What is the highest grade of school you have completed?
  ○ *1*   ○ *2*   ○ *3*   ○ *4*   ○ *5*   ○ *6*   ○ *7*   ○ *8*   ○ *9*   ○ *10*   ○ *11*   ○ *12*
  ○ *Some College*   ○ *College Degree*   ○ *Graduate Degree*
  ○ *Other (specify):* _____

How long have you been in treatment at this agency? [MARK ONE CHOICE]
  ○ *Less than one month (30 days or less)*
  ○ *One to three months (31 to 90 days)*
  ○ *More than three months but less than one year*
  ○ *One year or more*

PLEASE READ EACH OF THE FOLLOWING STATEMENTS ABOUT HOW YOU SEE YOURSELF OR YOUR TREATMENT IN THIS AGENCY. INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH EACH ONE BY FILLING IN THE APPROPRIATE CIRCLE. THANK YOU FOR YOUR PARTICIPATION.

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
1. You have people close to you who motivate and encourage your recovery. ……………...	○	○	○	○	○
2. You trust your counselor. ……………….......	○	○	○	○	○
3. You need help in dealing with your drug use.	○	○	○	○	○
4. Your religious beliefs are very important in your life. …..……………………………..	○	○	○	○	○

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	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
5. You have little control over the things that happen to you. ………………………………	O	O	O	O	O
6. You plan to stay in this treatment program for awhile. …………………………………...	O	O	O	O	O
7. Time schedules for counseling sessions at this program are convenient for you. ..…………	O	O	O	O	O
8. It's always easy to follow or understand what your counselor is trying to tell you. …..……	O	O	O	O	O
9. You only do things that feel safe. ……..……	O	O	O	O	O
10. You have family members who want you to be in treatment. …………………..………...	O	O	O	O	O
11. This program expects you to learn responsibility and self-discipline. …………....	O	O	O	O	O
12. You keep the same friends for a long time.	O	O	O	O	O
13. This treatment may be your last chance to solve your drug problems. ……………..……	O	O	O	O	O
14. This kind of treatment program will not be very helpful to you. …………………………	O	O	O	O	O
15. Your counselor is easy to talk to. …..………	O	O	O	O	O
16. You have trouble sleeping. …………………	O	O	O	O	O
17. You have much to be proud of. …………….	O	O	O	O	O
18. You have close family members who help you stay away from drugs. ……………….…....	O	O	O	O	O
19. You are willing to talk about your feelings during counseling. ………………………….....	O	O	O	O	O
20. This program is organized and run well. ……	O	O	O	O	O
21. You are motivated and encouraged by your counselor. …………………………………...	O	O	O	O	O
22. You feel people are important to you. …………	O	O	O	O	O

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
23. What happens to you in the future mostly depends on you. ……………………………	O	O	O	O	O
24. You need more help with your emotional troubles. …………………………………..	O	O	O	O	O
25. You are concerned about legal problems. ……	O	O	O	O	O
26. You have made progress with your drug/alcohol problems. ………………………	O	O	O	O	O
27. You have good friends who do not use drugs..	O	O	O	O	O
28. You have carried weapons, like knives or guns. ……………………………………..	O	O	O	O	O
29. You have people close to you who can always be trusted. …………………………..	O	O	O	O	O
30. You are satisfied with this program. ………..	O	O	O	O	O
31. You have learned to analyze and plan ways to solve your problems. ..…………………..	O	O	O	O	O
32. It is urgent that you find help immediately for your drug use. ………………………………	O	O	O	O	O
33. There is little you can do to change many of the important things in your life. …………...	O	O	O	O	O
34. You have trouble following rules and laws. ...	O	O	O	O	O
35. You have made progress toward your treatment program goals. ……………………	O	O	O	O	O
36. You feel a lot of anger inside you. ………...	O	O	O	O	O
37. You always attend the counseling sessions scheduled for you. ………………………...	O	O	O	O	O
38. Your counselor recognizes the progress you make in treatment. …………………………	O	O	O	O	O
39. You will give up your friends and hangouts to solve your drug problems. …………………..	O	O	O	O	O

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		Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
40.	Taking care of your family is very important..	O	O	O	O	O
41.	You have a hot temper.	O	O	O	O	O
42.	Your counselor is well organized and prepared for each counseling session.	O	O	O	O	O
43.	Your counselor is sensitive to your situation and problems.	O	O	O	O	O
44.	You feel a lot of pressure to be in treatment…	O	O	O	O	O
45.	There is really no way you can solve some of the problems you have.	O	O	O	O	O
46.	You like others to feel afraid of you.	O	O	O	O	O
47.	You need more individual counseling sessions. ………………………………..	O	O	O	O	O
48.	You consider how your actions will affect others. ……………...……....................	O	O	O	O	O
49.	You could be sent to jail or prison if you are not in treatment. ………………………..	O	O	O	O	O
50.	Your counselor makes you feel foolish or ashamed. ……………………………..........	O	O	O	O	O
51.	You feel mistreated by other people.	O	O	O	O	O
52.	Your counselor views your problems and situations realistically. ………………….……	O	O	O	O	O
53.	You plan ahead. ………………………..........	O	O	O	O	O
54.	This treatment program can really help you....	O	O	O	O	O
55.	You need more educational or vocational training services. ………………….............	O	O	O	O	O
56.	You want to be in a drug treatment program now. ……………………………………........	O	O	O	O	O
57.	You feel interested in life.	O	O	O	O	O

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
58. Other clients at this program care about you and your problems. ……………………....	O	O	O	O	O
59. You feel like a failure. ……………....……….	O	O	O	O	O
60. You have trouble concentrating or remembering things. ………………………...	O	O	O	O	O
61. You avoid anything dangerous. ……………	O	O	O	O	O
62. You have stopped or greatly reduced your drug use while in this program. …….……….	O	O	O	O	O
63. Your counselor helps you develop confidence in yourself.	O	O	O	O	O
64. You have people close to you who understand your situation and problems. ………………..	O	O	O	O	O
65. Your life has gone out of control. …………..	O	O	O	O	O
66. You always participate actively in your counseling sessions. ………………………...	O	O	O	O	O
67. You have made progress in understanding your feelings and behavior. …………………...	O	O	O	O	O
68. You need more group counseling sessions. ...	O	O	O	O	O
69. You feel afraid of certain things, like elevators, crowds, or going out alone. ………	O	O	O	O	O
70. You feel anxious or nervous. ………………..	O	O	O	O	O
71. You wish you had more respect for yourself...	O	O	O	O	O
72. Other clients at this program are helpful to you. …………………………………..........	O	O	O	O	O
73. You are very careful and cautious. ……….....	O	O	O	O	O
74. You feel sad or depressed. …………………...	O	O	O	O	O
75. You think about probable results of your actions. ……………………………………	O	O	O	O	O

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
76. You feel extra tired or run down.	O	O	O	O	O
77. You have improved your relations with other people because of this treatment.	O	O	O	O	O
78. You have trouble sitting still for long.	O	O	O	O	O
79. You think about what causes your current problems.	O	O	O	O	O
80. The staff here are efficient at doing their jobs.	O	O	O	O	O
81. You are similar to (or like) other clients of this program.	O	O	O	O	O
82. You have too many outside responsibilities now to be in this treatment program.	O	O	O	O	O
83. You have made progress with your emotional or psychological issues.	O	O	O	O	O
84. Your counselor respects you and your opinions.	O	O	O	O	O
85. You work in situations where drug use is common.	O	O	O	O	O
86. You are tired of the problems caused by drugs.	O	O	O	O	O
87. You think of several different ways to solve a problem.	O	O	O	O	O
88. You feel you are basically no good.	O	O	O	O	O
89. You are in this treatment program because someone else made you come.	O	O	O	O	O
90. You worry or brood a lot.	O	O	O	O	O
91. You have people close to you who expect you to make positive changes in your life.	O	O	O	O	O
92. You get mad at other people easily.	O	O	O	O	O
93. You have trouble making decisions.	O	O	O	O	O

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
94. You have serious drug-related health problems. ………………………………....	O	O	O	O	O
95. You have people close to you who help you develop confidence in yourself. ……………	O	O	O	O	O
96. You like to do things that are strange or exciting. …………………………………..	O	O	O	O	O
97. You feel hopeless about the future. ………..	O	O	O	O	O
98. You make good decisions. ………………….	O	O	O	O	O
99. You have developed positive trusting friendships while at this program. …………..	O	O	O	O	O
100. In general, you are satisfied with yourself. …	O	O	O	O	O
101. You feel honesty is required in every situation. ………………………………….	O	O	O	O	O
102. You have urges to fight or hurt others. ……...	O	O	O	O	O
103. You make decisions without thinking about consequences. ……………………………	O	O	O	O	O
104. You give honest feedback during counseling..	O	O	O	O	O
105. You feel tense or keyed-up. …………………	O	O	O	O	O
106. You like to take chances. …………………...	O	O	O	O	O
107. You have people close to you who respect you and your efforts in this program. …….....	O	O	O	O	O
108. You can do just about anything you really set your mind to do. ……………………………	O	O	O	O	O
109. You feel you are unimportant to others. …….	O	O	O	O	O
110. You can depend on your counselor's understanding. …………………………….....	O	O	O	O	O
111. You like the "fast" life. …………………….	O	O	O	O	O
112. You work hard to keep a job. ……………….	O	O	O	O	O

	Disagree Strongly (1)	Disagree (2)	Uncertain (3)	Agree (4)	Agree Strongly (5)
113. There is a sense of family (or community) in this program. ……………………..............	O	O	O	O	O
114. You feel tightness or tension in your muscles.	O	O	O	O	O
115. You can get plenty of personal counseling at this program. ………………………………	O	O	O	O	O
116. You want to get your life straightened out. ….	O	O	O	O	O
117. Sometimes you feel that you are being pushed around in life. …………………………….	O	O	O	O	O
118. You need more medical care and services. ….	O	O	O	O	O
119. You like friends who are wild. ……………...	O	O	O	O	O
120. You often feel helpless in dealing with the problems of life. …………………………..	O	O	O	O	O
121. Several people close to you have serious drug problems. …………………………..............	O	O	O	O	O
122. This program location is convenient for you...	O	O	O	O	O
123. You feel lonely. …………………………..	O	O	O	O	O
124. You have legal problems that require you to be in treatment. ……………………………..	O	O	O	O	O
125. This treatment program seems too demanding for you. ……………………....................	O	O	O	O	O
126. You analyze problems by looking at all the choices. …………………………………....	O	O	O	O	O
127. You are following your counselor's guidance.	O	O	O	O	O
128. Your treatment plan has reasonable objectives. ……………………………………	O	O	O	O	O
129. You depend on "things" more than "people"...	O	O	O	O	O
130. Your temper gets you into fights or other trouble. ………………………………………	O	O	O	O	O

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IN THE **PAST 4 WEEKS**, HOW MANY COUNSELING SESSIONS DID YOU ATTEND AT
THIS TREATMENT PROGRAM? FILL IN ONLY ONE CIRCLE FOR EACH STATEMENT.

	Number of Sessions Attended				
	0	*1-2*	*3-5*	*6-10*	*over 10*
131. Individual counseling sessions. …	○	○	○	○	○
132. Group counseling sessions. ……..	○	○	○	○	○
133. Family or other counseling sessions. ……………………..	○	○	○	○	○

FOR ADMINISTRATIVE PURPOSES ONLY   28

IN THE **PAST 4 WEEKS**, DID YOU <u>NEED</u> AND DID YOU <u>RECEIVE</u> ANY OF THE FOLLOWING SERVICES OR SPECIAL ASSISTANCE, EITHER AT THIS PROGRAM OR ANY OTHER PLACE? FILL IN THE CIRCLES TO MARK YOUR ANSWERS.

	No	Yes
134. I have **needed medical** services or tests……………………………	○	○
135. I have **received medical** services or tests…………………………..	○	○
136. I **still need medical** services or tests……………………………….	○	○
137. I have **needed psychological** services or tests………………...........	○	○
138. I have **received psychological** services or tests………………...........	○	○
139. I **still need psychological** services or tests…………………………	○	○
140. I have **needed employment** counseling or job training……………	○	○
141. I have **received employment** counseling or job training…………..	○	○
142. I **still need employment** counseling or job training………………..	○	○
143. I have **needed education** classes (e.g., for GED)…………………..	○	○
144. I have **received education** classes (e.g., for GED)………………..	○	○
145. I **still need education** classes (e.g., for GED)………………...........	○	○
146. I have **needed parenting** instruction………………………………..	○	○
147. I have **received parenting** instruction………………………...........	○	○
148. I **still need parenting** instruction………………………………..	○	○
149. I have **needed child care**……………………………………...........	○	○
150. I have **received child care**…………………………………………	○	○
151. I **still need child care**………………………………………………	○	○
152. I have **needed legal** counseling or services……………………...........	○	○
153. I have **received legal** counseling or services……………………….	○	○
154. I **still need legal** counseling or services……………………………	○	○
155. I have **needed social** services (e.g., for food or housing)…………..	○	○
156. I have **received social** services (e.g., for food or housing)………..	○	○
157. I **still need social** services (e.g., for food or housing)………...........	○	○
158. I have **needed 12-step or support groups** (AA/NA/CA)……..........	○	○
159. I have **received 12-step or support groups** (AA/NA/CA)………..	○	○
160. I **still need 12-step or support groups** (AA/NA/CA)……………..	○	○
161. I have **needed transportation** to program.…………………..........	○	○
162. I have **received transportation** to program………………………..	○	○
163. I **still need transportation** to program……………………………..	○	○
164. I have **needed** preparation for **aftercare**.………………………….	○	○
165. I have **received** preparation for **aftercare**……………..…………..	○	○
166. I **still need** preparation for **aftercare**………………………………	○	○

Appendix H

SOF Results Sample Email Attachment

Note: The embedded icons may take a couple minutes to load.

Please refer to the attached "Interpreting the Output" and "Extreme Scores" for information about how to interpret your output. I have also included the "SOF scoring guide" so that you can readily view the items that comprise each scale.

| Interpreting the Output - NorthSTAR. | Extreme scores text - NorthSTAR.doc | SOF scoring guide.pdf |

Double click to open. Please be patient as opening may take a couple of minutes.

Now, there are three files, as follows, that are associated with your staff data:

1) "Average" – This is a table of averages for all respondents on the four domains and 18 scales of the TCU SOF. It shows the averages for your site and for all of the participating chemical dependency sites in the NorthSTAR network.

Average.doc

Double click to open. Please be patient as opening may take a couple of minutes.

2) "Extreme" – This is a table of percentages of extreme scores on three domains and 15 scales of the TCU SOF. It shows the percentages for your site and for all of the NorthSTAR sites.

Extreme.doc

Double click to open. Please be patient as opening may take a couple of minutes.

3) "Graph" – This is a graphical representation of the "Average" table.

Graph.pdf

Double click to open. Please be patient as opening may take a couple of minutes.

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Appendix I

CEST Results Sample Email Attachment

Note: **The embedded icons may take a couple minutes to load.**

Please refer to the attached "Interpreting the CEST" and "Extreme Scores" for information about how to interpret your output. I have also included the "CEST Scoring Guide" so that you can readily view the items that comprise each scale.

Interpreting the CEST

Extreme Scores

CEST Scoring Guide

Double click to open. Please be patient as opening may take a couple of minutes.

Following are several files summarizing with your client data:

1) "Average" – This is a table of averages for all respondents on the four domains and 16 scales of the TCU CEST. It shows the averages for your site and for all of the participating chemical dependency sites in the NorthSTAR network.

Average

Double click to open. Please be patient as opening may take a couple of minutes.

2) "Extreme" – This is a table of percentages of extreme scores on four domains and 16 scales of the TCU CEST. It shows the percentages for your site and for all of the NorthSTAR sites.

Extreme

Double click to open. Please be patient as opening may take a couple of minutes.

3) "Graph" – This is a graphical representation of the "Average" table.

Graph

Double click to open. Please be patient as opening may take a couple of minutes.

4) "Services" – This is a summary table of the types of services received by clients during the four weeks previous to completing the survey. It shows the percentages for your site and for all of the NorthSTAR sites.

Services

Double click to open. Please be patient as opening may take a couple of minutes.

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TCU Survey of Organizational Functioning (Program Staff Version)

Scales and Item Scoring Guide for Program Staff Survey of
ORGANIZATIONAL READINESS FOR CHANGE

MOTIVATION FOR CHANGE (Needs/Pressure)

Program Needs

Your program needs additional guidance in –
1. assessing client needs.
2. matching needs with services.
3. increasing program participation by clients.
4. measuring client performance.
5. developing more effective group sessions.
6. raising overall quality of counseling.
7. using client assessments to guide clinical and program decisions.
8. using client assessments to document program effectiveness.

Training Needs

You need more training for –
9. assessing client problems and needs.
10. increasing client participation in treatment.
11. monitoring client progress.
12. improving rapport with clients.
13. improving client thinking and problem solving skills.
14. improving behavioral management of clients.
15. improving cognitive focus of clients during group counseling.
16. using computerized client assessments.

Pressures for Change

Current pressures to make program changes come from –
17. clients in the program.
18. program staff members.
19. program supervisors or managers.
20. agency board members.
21. community action groups.
22. funding and oversight agencies.
23. accreditation or licensing authorities.

Scoring Instructions. Numbers for each item indicate its location in the administration version, in which response categories are 1=Strongly Disagree to 5=Strongly Agree; ® designates items with reflected scoring. Scores for each scale are obtained by summing responses to its set of items (after reversing scores on reflected items by subtracting the item response from "6"), dividing the sum by number of items included (yielding an average) and multiplying by 10 in order to rescale final scores so they range from 10 to 50 (e.g., an average response of 2.6 for a scale becomes a score of "26").

Note. Special items (Numbers 24, 30, 41, 67, 73, 77, 82, 86, 98, 101, 114, 117) are not listed because they do not currently load on any single scale. Some capture special information, however, and others are being tested for future additions to scales.

RESOURCES

Offices

25. Your offices and equipment are adequate.
34. Facilities here are adequate for conducting group counseling.
74. Offices here allow the privacy needed for individual counseling.
108. This program provides a comfortable reception/waiting area for clients.

Staffing

58. There are enough counselors here to meet current client needs.
92. A larger support staff is needed to help meet program needs. ®
110. Frequent staff turnover is a problem for this program. ®
111. Counselors here are able to spend enough time with clients.
112. Support staff here have the skills they need to do their jobs.
113. Clinical staff here are well-trained.

Training

33. Staff training and continuing education are priorities at this program.
48. You learned new skills or techniques at a professional conference in the past year.
59. The budget here allows staff to attend professional conferences each year.
85. This program holds regular inservice training.

Equipment

46. Client assessments here are usually conducted using a computer.
56. Computer problems are usually repaired promptly at this program.
62. Most client records here are computerized.
90. You have a computer to use in your personal office space at work.
107. Computer equipment at this program is mostly old and outdated. ®
109. Staff here feel comfortable using computers.
115. More computers are needed in this program for staff to use. ®

Internet

37. You used the Internet (World Wide Web) to communicate with other treatment professionals (e.g., list serves, bulletin boards, chat rooms) in the past month.
44. You have easy access for using the Internet at work.
71. You used the Internet (World Wide Web) to access drug treatment information in the past month.
102. You have convenient access to e-mail at work.

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STAFF ATTRIBUTES

Growth

52. This program encourages and supports professional growth.
54. You read about new techniques and treatment information each month.
60. You have enough opportunities to keep your counseling skills up-to-date.
81. You regularly read professional journal articles or books on drug abuse treatment.
94. You do a good job of regularly updating and improving your skills.

Efficacy

26. You have the skills needed to conduct effective group counseling.
49. You consistently plan ahead and carry out your plans.
68. You usually accomplish whatever you set your mind on.
89. You are effective and confident in doing your job.
96. You have the skills needed to conduct effective individual counseling.

Influence

35. You frequently share your knowledge of new counseling ideas with other staff.
43. Staff generally regard you as a valuable source of information.
83. Other staff often ask your advice about program procedures.
88. Other staff often ask for your opinions about counseling and treatment issues.
100. You often influence the decisions of other staff here.
106. You are viewed as a leader by other staff here.

Orientation (scale not computed)

29. Psychodynamic theory is commonly used in your counseling here.
39. Pharmacotherapy and medications are important parts of this program.
53. Behavior modification (contingency management) is used with many of your clients here.
78. 12-step theory (AA/NA) is followed by many of the counselors here.
105. Cognitive theory (RET, RBT, Gorski) guides much of your counseling here.

Adaptability

63. You are willing to try new ideas even if some staff members are reluctant.
64. Learning and using new procedures are easy for you.
75. You are sometimes too cautious or slow to make changes. ®
104. You are able to adapt quickly when you have to shift focus.

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ORGANIZATIONAL CLIMATE

Mission

27. Some staff get confused about the main goals for this program. ®
31. Program staff understand how this program fits as part of the treatment system in your community.
47. Your duties are clearly related to the goals of this program.
65. This program operates with clear goals and objectives.
99. Management here has a clear plan for this program.

Cohesion

28. Staff here all get along very well.
40. There is too much friction among staff members. ®
45. The staff here always work together as a team.
55. Staff here are always quick to help one another when needed.
61. Mutual trust and cooperation among staff in this program are strong.
91. Some staff here do not do their fair share of work. ®

Autonomy

32. Treatment planning decisions for clients here often have to be revised by a counselor supervisor. ®
38. Management here fully trusts your professional judgment.
51. Counselors here are given broad authority in treating their own clients.
70. Counselors here often try out different techniques to improve their effectiveness.
76. Staff members are given too many rules here. ®

Communication

42. Ideas and suggestions from staff get fair consideration by program management.
72. The formal and informal communication channels here work very well.
79. Program staff are always kept well informed.
84. More open discussions about program issues are needed here. ®
95. Staff members always feel free to ask questions and express concerns in this program.

Stress

50. You are under too many pressures to do your job effectively.
66. Staff members often show signs of stress and strain.
80. The heavy workload here reduces program effectiveness.
97. Staff frustration is common here.

Change

57. Novel treatment ideas by staff are discouraged. ®
69. It is easy to change procedures here to meet new conditions.
87. You frequently hear good staff ideas for improving treatment.
93. The general attitude here is to use new and changing technology.
103. You are encouraged here to try new and different techniques.

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TRAINING EXPOSURE AND UTILIZATION

Training Satisfaction

36. You were satisfied with the training offered at workshops available to you last year.
116. You were satisfied with the training opportunities available to you last year.

Training Exposure
(response categories: 1="None"; 2="1"; 3="2"; 4="3"; 5="4 or More")

118. In the last year, how often did you attend training workshops held within 50 miles of your agency?
119. In the last year, how often did you attend training workshops held more than 50 miles from your agency?
120. How many workshops do you expect to attend in the next 12 months?
121. In the last year, how many times did outside trainers come to your agency to give workshops?
122. In the last year, how many times did your agency offer special, in-house training?

Training Utilization – Individual-level
(response categories: 1="Never"; 2="Rarely"; 3="Sometimes"; 4="A Lot"; 5="Almost Always")

123. When you attend workshops, how often do you try out the new interventions or techniques learned?
124. Are your clients interested or responsive to new ideas or counseling materials when you try them?
125. In recent years, how often have you adopted (for regular use) new counseling interventions or techniques from a workshop?
126. When you have adopted new ideas into your counseling, how often have you encouraged other staff to try using them?

Training Utilization – Program-level
(response categories: 1="Never"; 2="Rarely"; 3="Sometimes"; 4="A Lot"; 5="Almost Always")

127. How often do new interventions or techniques that the staff from your program learn at workshops get adopted for general use?
128. How often do new ideas learned from workshops get discussed or presented at your staff meetings?
129. How often does the management at your program recommend or support new ideas or techniques for use by all counselors?

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TCU/CEST Survey of Program Clients
Scales and Item Scoring Guide for Survey of
CLIENT EVALUATION OF SELF AND TREATMENT

TREATMENT MOTIVATION SCALES

A. Desire For Help (DH)

3. You need help in dealing with your drug use.
32. It is urgent that you find help immediately for your drug use.
39. You will give up your friends and hangouts to solve your drug problems.
65. Your life has gone out of control.
86. You are tired of the problems caused by drugs.
116. You want to get your life straightened out.

B. Treatment Readiness (TR)

6. You plan to stay in this treatment program for awhile.
13. This treatment may be your last chance to solve your drug problems.
14. This kind of treatment program will <u>not</u> be very helpful to you. ®
54. This treatment program can really help you.
56. You want to be in a drug treatment program now.
82. You have too many outside responsibilities now to be in this treatment program. ®
89. You are in this treatment program because someone else made you come. ®
125. This treatment program seems too demanding for you. ®

C. External Pressures (EP – not scored as single scale)

10. You have family members who want you to be in treatment.
25. You are concerned about legal problems.
44. You feel a lot of pressure to be in treatment.
49. You could be sent to jail or prison if you are not in treatment.
94. You have serious drug-related health problems.
124. You have legal problems that require you to be in treatment.

Scoring Instructions. Numbers for each item indicate its location in the administration version, in which response categories are 1=Strongly Disagree to 5=Strongly Agree; ® designates items with reflected scoring. Scores for each scale are obtained by summing responses to its set of items (after reversing scores on reflected items by subtracting the item response from "6"), dividing the sum by number of items included (yielding an average) and multiplying by 10 in order to rescale final scores so they range from 10 to 50 (e.g., an average response of 2.6 for a scale becomes a score of "26").

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PSYCHOLOGICAL FUNCTIONING SCALES

D. Self Esteem (SE)

17. You have much to be proud of.
59. You feel like a failure. ®
71. You wish you had more respect for yourself. ®
88. You feel you are basically no good. ®
100. In general, you are satisfied with yourself.
109. You feel you are unimportant to others. ®

E. Depression (DP)

57. You feel interested in life. ®
74. You feel sad or depressed.
76. You feel extra tired or run down.
90. You worry or brood a lot.
97. You have thoughts of committing suicide.
123. You feel lonely.

F. Anxiety (AX)

16. You have trouble sleeping.
60. You have trouble concentrating or remembering things.
69. You feel afraid of certain things, like elevators, crowds, or going out alone.
70. You feel anxious or nervous.
78. You have trouble sitting still for long.
105. You feel tense or keyed-up.
114. You feel tightness or tension in your muscles.

G. Decision Making (DM)

48. You consider how your actions will affect others.
53. You plan ahead.
75. You think about probable results of your actions.
79. You think about what causes your current problems.
87. You think of several different ways to solve a problem.
93. You have trouble making decisions. ®
98. You make good decisions.
103. You make decisions without thinking about consequences. ®
126. You analyze problems by looking at all the choices.

H. Self-Efficacy (PM)*

*"Pearlin Mastery Scale," taken from Pearlin, L., & Schooler, C. (1978).
[The structure of coping. Journal of Health and Social Behavior, 19, 2-21.]

5. You have little control over the things that happen to you. ®
23. What happens to you in the future mostly depends on you.
33. There is little you can do to change many of the important things in your life. ®
45. There is really no way you can solve some of the problems you have. ®
108. You can do just about anything you really set your mind to do.
117. Sometimes you feel that you are being pushed around in life. ®
120. You often feel helpless in dealing with the problems of life. ®

SOCIAL FUNCTIONING SCALES

I. Hostility (HS)

28. You have carried weapons, like knives or guns.
36. You feel a lot of anger inside you.
41. You have a hot temper.
46. You like others to feel afraid of you.
51. You feel mistreated by other people.
92. You get mad at other people easily.
102. You have urges to fight or hurt others.
130. Your temper gets you into fights or other trouble.

J. Risk Taking (RT)

9. You only do things that feel safe. ®
61. You avoid anything dangerous. ®
73. You are very careful and cautious. ®
96. You like to do things that are strange or exciting.
106. You like to take chances.
111. You like the "fast" life.
119. You like friends who are wild.

K. Social Conformity (SC)

4. Your religious beliefs are very important in your life.
12. You keep the same friends for a long time.
22. You feel people are important to you.
34. You have trouble following rules and laws. ®
40. Taking care of your family is very important.
101. You feel honesty is required in every situation.
112. You work hard to keep a job.
129. You depend on "things" more than "people". ®

TREATMENT PROCESS DOMAINS

L. Treatment Needs (TN)

24. You need more help with your emotional troubles
47. You need more individual counseling sessions.
55. You need more educational or vocational training services.
68. You need more group counseling sessions.
118. You need more medical care and services.

M. Treatment Satisfaction (TS)

7. Time schedules for counseling sessions at this program are convenient for you.
11. This program expects you to learn responsibility and self-discipline.
20. This program is organized and run well.
30. You are satisfied with this program.
80. The staff here is efficient at doing its job.
115. You can get plenty of personal counseling at this program.
122. This program location is convenient for you.

N. Counseling Rapport (CR)

2. You trust your counselor.
8. It's always easy to follow or understand what your counselor is trying to tell you.
15. Your counselor is easy to talk to.
21. You are motivated and encouraged by your counselor.
38. Your counselor recognizes the progress you make in treatment.
42. Your counselor is well organized and prepared for each counseling session.
43. Your counselor is sensitive to your situation and problems.
50. Your counselor makes you feel foolish or ashamed. ®
52. Your counselor views your problems and situations realistically.
63. Your counselor helps you develop confidence in yourself.
84. Your counselor respects you and your opinions.
110. You can depend on your counselor's understanding.
128. Your treatment plan has reasonable objectives.

O. Treatment Participation (TP)

19. You are willing to talk about your feelings during counseling.
26. You have made progress with your drug/alcohol problems.
31. You have learned to analyze and plan ways to solve your problems.
35. You have made progress toward your treatment program goals.
37. You always attend the counseling sessions scheduled for you.
62. You have stopped or greatly reduced your drug use while in this program.
66. You always participate actively in your counseling sessions.
67. You have made progress in understanding your feelings and behavior.
77. You have improved your relations with other people because of this treatment.
83. You have made progress with your emotional or psychological issues.
104. You give honest feedback during counseling.
127. You are following your counselor's guidance.

P. Peer Support (PS)

58. Other clients at this program care about you and your problems.
72. Other clients at this program are helpful to you.
81. You are similar to (or like) other clients of this program.
99. You have developed positive trusting friendships while at this program.
113. There is a sense of family (or community) in this program.

Q. Social Support (SS)

1. You have people close to you who motivate and encourage your recovery.
18. You have close family members who help you stay away from drugs.
27. You have good friends who do not use drugs.
29. You have people close to you who can always be trusted.
64. You have people close to you who understand your situation and problems.
85. You work in situations where drug use is common. ®
91. You have people close to you who expect you to make positive changes in your life.
95. You have people close to you who help you develop confidence in yourself.
107. You have people close to you who respect you and your efforts in this program.

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Appendix L

**Email with Instructions for Accessing the
Survey of Organizational Functioning**

Good Afternoon!

Attached you will find instructions for accessing the Survey of Organizational Functioning (SOF) online. Please distribute these instructions to your clinical care staff. The survey will be available for completion from **Monday, June 27th through Wednesday, July 6th**.

For this phase of the project, we would like to have *only clinical care staff who work with NorthSTAR clients* complete the survey. One NorthSTAR director has devised a terrific method for ensuring maximum compliance. He sends out memos to all relevant staff people telling them about the survey and the access period and attaches the instructions for accessing the SOF online. He instructs his staff to sign, date, and return the memo once they have completed the online survey. During the administration period, we will report completion rates to you so that you can keep your staff motivated to complete the survey.

Please do not hesitate to contact me should you need further assistance. I look forward to working with you!

Instructions for
Accessing the...

Kelly Alanis
Graduate Research Assistant
Gulf Coast Addiction Technology Transfer Center
School of Social Work
The University of Texas at Austin
1717 W. 6th St. Suite 335
Austin, Texas 78703
(512) 232-0600
klalanis@mail.utexas.edu

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We are very happy that you and your organization will be participating in the online Survey of Organizational Functioning survey! In order to get a more accurate and representative picture of your organization, at least 80% of your clinical staff need to complete the survey.

Please provide the following information to each member of your staff who will be completing the survey:

> *The Department of State Health Services (DSHS) and your administrator have arranged for your participation in this survey.*
>
> *The identity of participants remains confidential. Each participant will be asked to create his or her own anonymous linkage code. This code will be used to match data from different evaluation forms without using your name or information that can identify you.*
>
> *To further protect your anonymity, no signed consent will be required. Instead, you will be asked to indicate your consent by clicking on a button at the start of the survey. You will not be able to continue with the survey unless you have so indicated.*
>
> *You can take this survey from any computer with internet access--at work, at home, or elsewhere. Just go to the web address below and follow the instructions.*

***** INSTRUCTIONS FOR ACCESSING THE WEB SURVEY *****

Step 1:	Set aside 25 minutes or so of uninterrupted time. If you wish to stop the survey and return again later you will have to start again from the beginning.
Step 1:	Go to https://www.psychdata.com
Step 2:	Enter survey number 8523 where prompted (the center of the web page)
Step 3:	Enter the password, which is ns0605
Step 4:	Take the survey!

> *If you have any questions or problems in taking the survey, contact me,*
> *Kelly Alanis at 512/232-0616 or email me at klalanis@mail.utexas.edu*

Thanks for your time!

Appendix M

CEST Administration Instructions

June 30, 2005

Dear Program Director / Treatment Coordinator,

Thank you for your willingness to administer the **Client Evaluation of Self and Treatment (CEST)** surveys to your active NorthSTAR clients. This effort is being coordinated by the Addiction Research Institute, the University of Texas at Austin in cooperation with the Department of State Health Services and ValueOptions.

As we discussed over the phone, the CEST forms should be administered to your NorthSTAR clients who currently receive substance abuse or co-occurring (substance abuse and mental health) counseling services. We have included copies of the CEST for the number of clients you estimated when we talked, and we have bundled the forms by program and location. Due to fluctuations in client census, we understand that all of the forms we send you may not be used. Conversely, if you need additional forms for a particular group, please contact us and we will email you a pre-coded template.

Regarding administration:
- We recommend group administration, as we have found it works best and is most efficient. You and your treatment staff may decide to modify this process to meet your specific needs and assure client participation. If you have any concerns or questions, we are happy to discuss them with you prior to administration.

- Each CEST packet will include an informed consent, the survey, and a postage-paid self addressed envelope. These surveys are <u>anonymous</u> and clients are instructed <u>not</u> to put their names on them. Upon completion of the survey, each client will seal the survey inside the envelope.

- **The completed surveys sealed in envelopes may be:**

  - ❖ **dropped in the mail by the client,** *or*

  - ❖ **collected by your staff and returned all together using the prepaid Federal Express (Fed Ex) label provided.**

    Note: **Once the surveys are ready to ship, call Federal Express at 1-800-463-3339 for a pick-up.**

- Special arrangements may need to be made for clients with reading difficulties. You may want to have a staff member facilitate by reading the survey aloud to any individuals requiring assistance. *Note:* Efforts should be taken to not influence the respondents' answers.

- We have included a small number of pre-coded Spanish language versions of the CEST with each bundle. Again, should you need more, please contact us and we will email you a form to duplicate.

Please return all forms to UT by July 22, 2005.

Once the surveys have been returned to UT and the data are analyzed, you will receive a report based on your clients' responses. These reports will provide you with a program-wide "snapshot" of your clients' psychosocial functioning, engagement in treatment, and ratings of the treatment services they receive.

Programs receiving these reports in recent years have found the information useful for many applications including program planning, staff training, and providing feedback to funding sources, to name a few. Client surveys are anonymous and all data from these surveys will be reported in group form in order to further protect the privacy of participating individuals.

Thank you for your efforts and participation in this project. We look forward to providing you with a report on your programs. If you have any questions or encounter any difficulties, please contact me by email at klalanis@mail.utexas.edu or by phone at (512) 232-0616.

Sincerely,

Kelly Alanis
Project Manager
Addiction Research Institute
The University of Texas at Austin

Appendix N

Email and Instructions for Accessing the PTN

Good afternoon...

Attached you will find instructions for accessing online the Program Training Needs survey. Please distribute these instructions to your clinical care staff. The survey will be available for completion from **Monday, September 12th through Friday, September 16th**.

For this phase of the project, we would like to have *only clinical care staff who work with NorthSTAR clients* complete the survey. During the administration period, we will report completion rates to you so that you can keep your staff motivated to complete the survey. With past surveys, we have been able to be flexible with the "cut-off" dates for survey administration. With this survey, however, no extensions will be permitted due to our reporting requirements. The survey will be taken offline by midnight on Friday, September 16th.

Please do not hesitate to contact me should you need further assistance. Thanks for your assistance!

Instructions for
Accessing the...

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klalanis@mail.utexas.edu

Instructions for Accessing the
Survey of Program Training Needs

We are very happy that you and your organization will be participating in the online Survey of Program Training Needs! In order to get a more accurate and representative picture of your organization, at least 80% of your clinical staff need to complete the survey.

Please provide the following information to each member of your staff who will be completing the survey:

The Department of State Health Services (DSHS), ValueOptions, and your administrator have arranged for your participation in this survey.

The identity of participants remains confidential. Each participant will be asked to create his or her own anonymous linkage code. This code will be used to match data from different evaluation forms without using your name or information that can identify you.

To further protect your anonymity, no signed consent will be required. Instead, you will be asked to indicate your consent by clicking on a button at the start of the survey. You will not be able to continue with the survey unless you have so indicated.

You can take this survey from any computer with internet access--at work, at home, or elsewhere. Just go to the web address below and follow the instructions.

***** INSTRUCTIONS FOR ACCESSING THE WEB SURVEY *****

Step 1:	Set aside 20 minutes or so of uninterrupted time. If you wish to stop the survey and return again later you will have to start again from the beginning.
Step 1:	Go to https://www.psychdata.com
Step 2:	Enter survey number 9877 where prompted (the center of the web page).
Step 3:	Enter the password, which is **ptn0905**
Step 4:	Take the survey!

If you have any questions or problems in taking the survey, contact me,
Kelly Alanis at 512/232-0616 or email me at klalanis@mail.utexas.edu

Thanks for your time!

Appendix O

Timeline of Project Activities

January 28	ARI staff introduce project to the DANSA board and the NorthSTAR Provider Advisory Counsel.
February 1	Concept paper submitted to DSHS.
February 10	First Advisory Workgroup teleconference held.
February 16 – March 16	Pilot Phase of the project conducted.
February 24	Second Advisory Workgroup teleconference held.
March 31	Quarterly report submitted to DSHS.
May 31	ARI staff provided individual consultations with Pilot Phase directors.
June 13	Final Advisory Workgroup teleconference held.
June 27 – July 13	Agency staff completed SOF surveys on-line.
July 12	Quarterly report submitted to DSHS.
By July 6	Agencies receive CEST surveys via Fed-Ex from UT.
July 11 – August 16	Agencies administered the CEST to clients.
August 8	SOF results distributed via email.
September 12 – September 21	Agency staff complete PTN surveys on-line.
September 26	CEST results distributed via email.
October 13	Final report presented to DSHS
By October 14	PTN results will be distributed via email.
By October 19	Printed and electronic copies of all results will be mailed to each agency.

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